Washington State Department of Health

STRATEGIC PLAN
for the 2007-09 Budget

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER WASHINGTON

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A Message from the Secretary

Mary C. Selecky
Secretary of Health

Public Health - Always Working for a Safer and Healthier Washington

The health of people in Washington impacts all of us in many ways. It affects our quality of life. It affects how we feel and how much we spend on health care. The healthier a state is, the more desirable a place it is to live and do business.

The Washington State Department of Health provides critical programs and services that help make our state safer and healthier every day. To do this well, we must always learn from the past and look toward the future as we ask ourselves, "What can we do to help the people in our communities live longer, healthier lives?"

The challenges are immense and more complex now than ever before. Preparing for a flu pandemic and other diseases, responding to skyrocketing obesity rates, preventing tobacco use, assuring patient safety and finding ways to fight health disparities are among the many issues that define the role of public health in Washington today and in the years ahead.

There will never be enough resources to do everything that is needed. That's why it is even more important for us to be good stewards of the public funds and the responsibility entrusted to us. That means having a well thought out plan to successfully carry out our mission to "protect and improve the health of people" in Washington state.

On behalf of the Department of Health, I am pleased to share with you our agency's Strategic Plan for Fiscal Years 2007–2013. It includes specific goals, objectives, and strategies and measures to meet the department's goals in the 2007-2009 Biennium.

This plan continues our focus on providing essential programs for improving health as well as preparing for the health emergencies of the 21st century. The department has established the following goals that will guide our work through the next biennium:

- Improve the health of people in Washington.
- Improve public health system accountability and responsiveness.
- Make every dollar count.
- Hire, develop and retain a competent and diverse workforce.
- Develop and maintain high quality service and partnerships that promote the public's health.
- Increase use of performance management tools to improve agency performance.

The strategic plan is our agency's commitment to the public, the governor, the legislature, and our close partners in local public health. We will use our funds wisely, plan for the future, and be innovative in our efforts to make Washington a healthier place to live, work and play.

Mary C. Selecky
Secretary

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Washington State Department of Health

Mission / Vision / Values

Mission:

The Department of Health works to protect and improve the health of people in Washington State

Vision:

- When the people of our state need important information about health, they will think of our agency first.
- We are public health leaders and innovators; we set the standard.
- Everyone in the agency will share information and talents across programs and divisions with a common goal to better serve our customers.
- The public will better understand the important work of public health and its positive impact on their lives.
- We will be an agency that the best people want to work at, and once they are here they won't want to leave.

Values:

Employees - We recognize that agency employees are our most valuable resource; we encourage them to be innovative in their work to protect and improve the public's health.

Cultural Competency - We seek diversity in our employees and recognize the value diversity brings in understanding and serving all people.

Respect - We respect and value our employees, partners, and the people of our state.

Trust - We honor the public's trust and believe in working hard to maintain and improve that relationship.

Communication - We strive for effective, responsive, and timely communications in our role as a trusted source of health information.

Collaboration - We encourage collaborative relationships between staff, partners, and our local communities working for a safer and healthier Washington State.

Department of Health Responsibilities

The Department of Health works with federal, state and local partners to help people in Washington state stay healthy and safe. The department's programs and services help prevent illness and injury, promote healthy places to live and work, provide information and education to help people make good health decisions, and ensure our state is prepared for emergencies. (For specific organizational details see the chart in Appendix 2)

- **Safe, high-quality health care services:** The department works with oversight groups to regulate health care providers and facilities and ensure they comply with health, safety and professional standards. **To ensure people receive professional, safe and reliable health care from qualified providers and facilities, the department:**

  - licenses health care providers and facilities
  - licenses EMS agencies and certifies prehospital providers
  - investigates complaints
  - disciplines health care providers who violate established standards
  - notifies the public of these violations
  - maintains a history of disciplinary actions and current license status on the Internet about health care practitioners
  - promotes patient safety initiatives, quality improvement and adverse event reporting

- **Healthy, well-informed parents and healthy children: To make sure communities are safe and supportive of children, youth and families, and to ensure Washington families have well-informed parents and healthy infants, children and youth, the department provides:**

  - pre-natal care education for parents
  - nutrition and health education for pregnant women
  - vaccine for immunizations
  - food for those qualifying for the Women, Infants and Children (WIC) program, which provides food for those in need
  - health monitoring and testing for children
  - oral health assistance for children

- **Protect the public from and prevent the spread of communicable diseases: The department, along with local health and other agencies, works to protect the public from communicable diseases, such as tuberculosis, HIV/AIDS, and sexually-transmitted diseases. To create an environment where the public is protected from communicable and infectious diseases, the department:**

  - educates the public on how to avoid contracting and spreading the disease
  - monitors the rate and frequency of infectious diseases and assists in the investigation of disease outbreaks
  - pays for drugs and limited medical care for eligible HIV clients
  - works with local health to provide confidential HIV testing

- works with public health partners to prevent and reduce the effects of communicable diseases

❖ **<u>Make sure shellfish and the food sold and served in Washington are safe to eat</u>: The department helps make sure that food from restaurants and other food service businesses is safe to eat, and shellfish from Washington waters are safe to eat, by:**

- monitoring local waters and beaches to make sure shellfish are safe to eat
- developing safe food handling and sanitation rules and guidelines for restaurants and other food service establishments, which are implemented by local health jurisdictions
- educating food service workers and the public on safe food handling

❖ **<u>Safe places to work and live</u>: The department works with local public health jurisdictions and other agencies to promote healthy, safe communities. To assure that the places people live, work and play are healthy and safe from hazards in the environment, the department:**

- educates the public on how to make and keep their environment safe and healthy
- develops environmental public health standards for small- and medium-sized septic systems
- monitors and helps prevent diseases spread by animals and humans
- monitors sources of radiation, radioactive materials and radioactive waste
- develops sanitation guidelines and rules for public facilities such as schools and swimming pools
- provides health information to communities to minimize or eliminate exposure to contaminants in the environment
- monitors and prevents pesticide-related illnesses

❖ **<u>Emergency preparedness and response</u>: The department develops and coordinates efforts to prepare for and respond to public health emergencies such as natural disasters, epidemics and pandemics, and terrorism threats. To make sure public agencies are better equipped to help people through a public health emergency, the department:**

- develops and maintains state, regional and local emergency response plans
- provides training and exercises to emergency responders, from risk communication to mass vaccinations
- coordinates local, regional, state agency and tribal partnership development and assistance
- develops public education activities
- is continually increasing electronic communications between the department, local health agencies, hospitals and emergency response

❖ **<u>Safe, reliable drinking water</u>: The department works with local water systems and communities to make sure drinking water is safe and reliable by:**

- requiring on-going water quality monitoring and evaluating those results

- enforcing regulations for drinking water quality standards and for water system construction and operation
- conducting inspections of water systems
- assisting water systems and local communities when water is found to be unsafe
- providing training for water system operators to assure proper operation of the water system

❖ **<u>Chronic disease prevention and health promotion</u>: The department works with local health departments, community groups and the media to provide resources, materials and tools to help educate the public how to be healthy and how to prevent disease and injury. To make sure people have the information they need to prevent disease and injury, manage chronic conditions and make healthy decisions, the department's activities include:**

- tobacco prevention and control efforts for communities and schools
- injury prevention strategies for children and seniors
- stressing the importance of physical activity and proper nutrition
- diabetes prevention and control
- breast and cervical cancer screenings
- cancer and cardiovascular disease education
- posting safety and health information on the department's Web site

❖ **<u>Public Health Laboratories</u>: Provides accurate and timely laboratory results. Only the U.S. Centers for Disease Control and Prevention provides more advanced testing. To make sure public health departments and health care providers receive accurate and timely science-based information to use when making decisions about public health, the laboratories test a wide range of specimens for:**

- communicable disease
- shellfish toxins
- foodborne illnesses
- genetic diseases in newborns
- contamination of air, water and food

❖ **<u>Strengthening the public health network</u>: The department works to strengthen its partnerships with public health, particularly those agencies at a community level. To make sure the public health network is resilient, effective and is coordinated and responsive to the public's needs, the department:**

- provides resources for emergency medical and trauma services
- promotes access to health care in rural communities
- increases electronic communications between the department, local health agencies, hospitals and emergency response
- institutes electronic reporting of disease
- convenes the Public Health Improvement Partnership and uses their advice to make the best use of public health resources

- provides resources for public health workforce development
- coordinates response to emerging health issues with federal, state and local partners
- offers certified copies of birth, death, divorce and marriage records to the public
- builds and supports information networks to provide data that promotes good decision-making about public health

Washington's 35 county-based local public health departments/districts are vital components of the state/local health system. The relationship between the department and local health departments/districts is an essential and statutory partnership, in addition to a stakeholder and contractual relationship. Much of the day-to-day work of public health is carried out in Washington communities by these local health departments, with support and coordination from the Department of Health. (see Appendix 1)

"To put it simply, public health is about protecting you and your family everyday. We want to make sure people have the resources and information they need to make healthy choices."

Mary Selecky, Secretary of Health
Washington State Department of Health

Washington State Department of Health

Every Day in Washington State

- *The state Department of Health, 35 local health jurisdictions, 95 licensed hospitals and many other partners* work together to ensure our communities are prepared for public health emergencies.

- *About 210 babies are born,* and our Newborn Screening Lab helps them get a healthy start through early detection and prompt care of treatable diseases.

- *More than 5 million people* have safe reliable drinking water because of the efforts of our Drinking Water program.

- *More than 160,000 women and young children* receive healthy food from the WIC program in local communities.

- *55 people* take the first step toward kicking the habit by calling our Tobacco Quit Line.

- *1,000 doctors, nurses* and other health care professionals are licensed to practice.

- *1,500 people* receive emergency medical services in their homes, businesses, and public places.

- *Over 2.5 million residents* eat in restaurants with confidence thanks to the efforts of local health departments and our Food Safety program.

- *On average, 95 percent of kids entering school* are protected against preventable diseases because of our Immunization program.

- *Our Microbiology Lab receives more than 300 samples* to test for a wide variety of communicable diseases and protect the health of people in Washington.

Statutory Authority for the Department of Health

This section provides a brief list of statutory authority pertaining to Department of Health. The department has a very broad range of responsibilities, including significant regulatory authority in many areas of government. As a result, the agency's authorizing statutes exist under many titles in state law. Please see Appendix 3 for specific references.

Title 43	**State Government Executive** This title sets forth the legislative intent in establishing the Department of Health, shown below. Additional chapters address water supply and radioactive waste. **RCW 43.70.005** … It is the intent of the legislature to form such focus by creating a single department in state government with the primary responsibilities for the preservation of public health, monitoring health care costs, the maintenance of minimal standards for quality in health care delivery, and the general oversight and planning for all the state's activities as they relate to the health of its citizenry. Further, it is the intent of the legislature to improve illness and injury prevention and health promotion, and restore the confidence of the citizenry in the expenditure of public funds on health activities, and to ensure that this new health agency delivers quality health services in an efficient, effective, and economical manner that is faithful and responsive to policies established by the legislature."
Title 70	**Public Health and Safety** This title lays out much of the specific work of state and local governmental public health agencies, their organization and areas of authority ranging from control of communicable diseases to the licensing and inspection of medical facilities. Many of the Department of Health's most significant programs are authorized in this title.
Title 69	**Food, Drugs, Cosmetics and Poisons** This title covers much of the agency activity with control of pharmaceuticals, food and shellfish safety efforts, and control of precursor drugs used in the manufacture of methamphetamine.

Statutory Authority for the Department of Health

Title 18	**Businesses and Professions** The agency has significant regulatory authority over 57 distinct health professions. Responsibilities include complaint investigation, disciplinary hearings and actions, and licensing activities.
Title 26	**Domestic relations** The Department of Health has a key role in government as the keeper of vital records, including birth, marriage, divorce, and adoption.
Title 41	**Public Employment, Civil Service and Pensions** This title provides the framework for the coordination of Department of Health with the State Health Care Authority and addresses such issues as access for under-served populations to health care and prescription drug matters.

Goals for 2005 - 2007

Balanced Scorecard Framework

The Department of Health has organized its goals according to a framework called The Balanced Scorecard. It is designed to assure that agencies set and monitor goals across all areas of organizational performance, keeping all aspects in balance. The five components of the Balanced Scorecard and the questions organizations are asked to consider are shown below.

Value / Benefit:	In terms of societal benefit, why do we provide this service?
Financial and Social Costs:	Are we getting the best return on taxpayer investment? What would happen without the service?
Customers and Constituents:	Are their needs being met? In government, this may go beyond customer satisfaction to include equity, protection, and security.
Learning and Growth:	Can workers access the knowledge and skills needed to improve agency performance? Do they have the support they need? Is innovation encouraged?
Internal Process:	Are there methods to measure and track performance? Is the agency performing well? Can the services and performance be improved?

Six Long-term Goals

The following six goals are expected to guide the Department of Health through the coming years, from 2007, through 2013. They are derived from the agency's mission and legislative authority -- and reflect societal trends that affect the health of our residents.

Value and Benefit

Goal 1: Improve the health status of people in Washington State

Goal 2: Improve Public Health System accountability and responsiveness

Financial and Social Costs

Goal 3: Make every dollar count.

Goals for 2007 - 2013

Learning and Growth

Goal 4: Hire, develop, and retain a competent and diverse workforce

Customer / Constituent

Goal 5: Develop and maintain high quality service to the people of Washington State and partnerships that promote the public's health

Internal Process

Goal 6: Improve agency performance by increasing the use of performance management tools throughout the department

Applying Goals throughout the Agency

The six long-term goals above will be used by all of the programs described in the agency activity inventory. Activity inventory categories include:

1. Administrative Activity
2. Chronic Disease Prevention and Health Promotion
3. Drinking Water
4. Emergency Preparedness and Response
5. Environmental Health and Safety
6. Epidemiology and Assessment
7. Food Safety and Shellfish Protection
8. Health Systems / Public Health System Development
9. Infectious Disease Programs
10. Maternal and Child Health
11. Public Health Laboratories
12. Safety and Quality of Health Care Services
13. State Board of Health (The State Board of Health will submit an '07-'09 strategic plan.)

Objectives and Strategies for 2007 - 2009

The Department of Health has established specific objectives for the 2007-2009 biennium, which are designed to help meet long-term goals. These objectives are seen as interim markers toward reaching a goal, and are considered practical and attainable if supported by needed action, as described in the accompanying strategies.

Value and Benefit

Goal 1: Improve the health status of people in Washington State

Objective 1: **People have the information they need to prevent disease and injury, manage chronic conditions, increase healthy behaviors, and make healthy decisions.**

Strategy 1: Increase healthy behaviors.
Strategy 2: Reduce communicable disease and the impact of chronic disease by targeting interventions that work.
Strategy 3: Monitor health risks in the environment and provide the public with timely information so they can make healthy decisions.

Objective 2: All people have an equal opportunity to be healthy.

Strategy 1: Increase the number and types of interventions designed to improve equal opportunity to health within the baseline of programs or activities.

Goal 2: Improve Public Health System accountability and responsiveness

Objective 1: Improve patient safety through facilities and health care professional regulatory processes.

Strategy 1: Improve timeliness of responses.
Strategy 2: Apply appropriate sanctions for misconduct.

Objective 2: Assure emergency preparedness plans are developed and practiced at the local, regional and state level.

Strategy 1: Staff receives training for emergency response.
Strategy 2: Complete development of emergency response plans.
Strategy 3: Conduct drills/exercises to test emergency response plans.

Objective 3: Public Health Standards are used to make the system more efficient and effective.

Strategy 1: Every three years, assess state and local performance against public health standards, using the results to allocate resources and drive improvements.

Financial and Social Costs

Goal 3: Make every dollar count

Objective 1: Focus agency resources on public health priorities.

Strategy 1: Assure agency public health alignment and standards inform agency resource decisions.
Strategy 2: Contain costs: dollars are maximized through cost containment strategies and activities that reduce the cost to the health care system.
Strategy 3: Demonstrate accountability through timeliness and accuracy.

Objective 2: Improve the quality, availability and use of data to inform the public & design public health programs.

Strategy 1: Provide the public, public health partners and other organizations information and data as it becomes available.
Strategy 2: Encourage the public to find information and interact with DOH through the Internet.
Strategy 3: Improve the quality of DOH information and vital records.

Objective 3: Assure that public health interventions are designed using best available evidence.

Strategy 1: Maintain surveillance and reporting system to identify health threats.

Learning and Growth

Goal 4: Hire, develop, and retain a competent and diverse workforce

Objective 1: The department has a talented workforce.

Strategy 1: Core competencies, skills and abilities are actively used in hiring.

Strategy 2: Core competencies, skills and abilities are developed and kept current.

Objective 2: DOH employees reflect the diversity of Washington State.

Strategy 1: Develop recruitment strategies to ensure diverse workforce.

Objective 3: Provide our employees with the tools and training to be successful.

Strategy 1: Staff receives effective and timely feedback.
Strategy 2: Staff is encouraged to be healthy.

Customer / Constituent

Goal 5: Develop and maintain high quality service to the people of Washington State and partnerships that promote the public's health

Objective 1: Use feedback to improve internal and external service delivery.

Strategy 1: Increase the number of organized and systematic feedback opportunities to improve service delivery.

Objective 2: Promote, provide and improve public health programs/activities through partnerships.

Strategy 1: Increase the number of partners participating in the development, evaluation, or implementation of public health programs, activities or services.
Strategy 2: Increase interaction with communities of color and organizations representing diverse groups.

Internal Process

Goal 6: Improve agency performance by increasing the use of performance management tools throughout the department

Objective 1: Develop and execute an annual agency wide quality improvement program

Strategy 1: Each division, including those in central administration, have at least one element within the quality improvement plan.
Strategy 2: At least twice a year, the agency reviews and establishes quality improvement priorities for action.
Strategy 3: Successfully complete the Washington Quality Award application process.

Objective 2: Increase the use of GMAP and other data driven management tools throughout the agency

Strategy 1: Each division, including those in central administration, use GMAP and other tools to identify and drive improvements.
Strategy 2: The Senior Management Team uses GMAP and other data driven management tools to track and improve performance.

Appraisal of the External Environment

Public Health in a Rapidly Changing and Shrinking World

The Washington Department of Health operates in an environment characterized by new biological and toxic threats, the rapid movement of people, animals and viruses, a growing, diverse population and an increasingly complex network of partners with shifting financial footing.

The introduction of clean water, antibiotics and vaccines has made the world safer and significantly improved the quality of life in many countries. However, some infectious dangers persist, new ones are quick to develop and the rise of terrorism lends a human hand to the problems faced by the public health system.

These new health and re-emerging threats occur as the mobility of people and animals has never been higher, challenging our ability in Washington State to control both the unpredictable and premeditated transmission of bacteria, viruses and toxics. In addition, not all of the threats to public health come from far away nations. Dramatic increases in the rate of obesity in this state and the nation point to unhealthy choices in our eating and activities. Continued strong population growth in Washington is stressing the quality of our air, drinking water and recreational areas. And that population is getting older. All of this places increasing demands on the state's health system and drives up costs.

This is occurring as public health funding has become increasingly unstable, turned on and off as a result of shifting national priorities and subject to federal budget deficit pressures.

Global Poverty and Public Health

Public health has not been so successful in the poorest parts of the world. In these areas little infrastructure exists to provide a clean environment, safe travel or rapid communications. There are few resources to support immunization programs, healthcare or to track infectious diseases in people or animals. The current outbreak of an avian influenza strain (H5N1) that has killed millions of birds and more than 160 people in Asia and Europe is an example: poor farmers may share their home with their small family flocks, and when the birds become sick, they are quietly killed and eaten because there is no compensation when the sick birds are reported to the government and killed. While the world community is marshalling unprecedented resources for monitoring , tracking and containment to limit the spread of the virus, these strategies will only be as successful as their ability to strengthen theses weak links in the poorest communities of the world.

Global Poverty and the Transmission of Disease

Globalization has speeded up the diffusion of knowledge, technological improvement and ideology, but it has also shortened the time available to avert or cope with large-scale dangers to the public health. Improvements have not been uniform across the globe. Poverty, lack of education, political instability and weak or nonexistent infrastructures each thwart quick action to stop the rise, expansion and migration of what once might have been a local public health issue.

Polio, diarrhea in children, tuberculosis, AIDS, influenza and malaria continue to be major causes of illness and death worldwide. Such factors as global climate changes, the deterioration of the natural environment and international trade in exotic animals have all begun to affect the world's health. This disruption has probably contributed to the

introduction of new and sometimes frightening diseases formerly found only among animals in remote areas of the world, including: HIV, SARS, hemorrhagic fevers and monkeypox. New varieties of avian influenza are also transmitted more quickly.

Washington shares an international border with British Columbia, where SARS appeared in 2003. More than 200,000 international passengers fly through the Seattle-Tacoma International Airport each month. In other words, our world is shrinking and a new infectious calamity could be a single airplane flight away.

A World of New Responsibilities and Partnerships

In this new global environment, expectations and understanding of public health's traditional roles and responsibilities have changed. While public health has decades of experience in responding to the emergence of novel diseases and the resulting consequences, it is now in the thick of preparing for and responding to all kinds of threats and emergencies. The events of September 11, subsequent anthrax attacks and Hurricane Katrina have highlighted how vulnerable the public health system is whether responding to natural or man made emergencies.

The world community is marshalling unprecedented levels of monitoring, tracking and efforts to limit the spread of the new avian flu strain (H5N1) and buy time to respond to a pandemic. Although challenged by nations with limited communication and transportation infrastructures, and populations weakened by disease, the overall status of public health preparedness has improved.

Through formal agreements and an inclusive planning process, DOH now works closely with partners from many fields, including: public health, health care, law enforcement, emergency response, private business and the military. As a consequence, investments have resulted in a better capacity to investigate and respond to health emergencies. This includes improved training, more testing facilities, increased drill and practice activity and better prepared hospitals.

An Aging and Growing Population

About 6 million people currently live in Washington, and each segment of our population is growing. In 2000, Washington's population was 5,894,121 according to the US Census. Washington's 10-year growth rate in the 1990s was 21%, considerably higher than the national growth rate of 13%.While growth during the next decade will be strongest in the retirement-aged population – those 65 years and older – Washington will also see stronger growth in pre-school aged children.

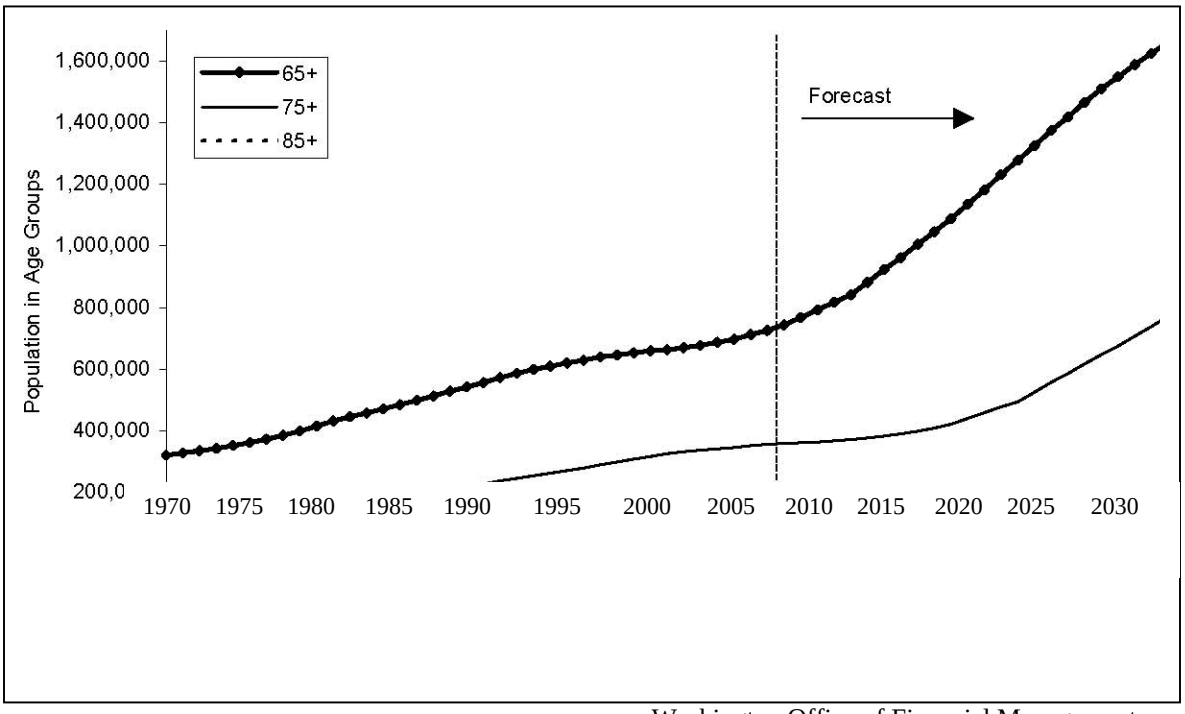
In 2006 there were approximately 414,000 newborns and pre-school children (ages 0-4) in Washington. By 2020 there will be more than 508,000. Currently about 1.1 million school age children (ages 5 to 17) live in Washington. By 2020 there will be about 1.3 million. For young adults (ages 18 to 24), the population is expected to rise from 642,000 to more than 676,000. For younger working adults (ages 25-44), the increase is from 1.8 million to 2.1 million. And for

older working adults (ages 45-64), the increase is from 1.6 million to 1.9 million. The retirement-aged group is projected to grow from 726,000 to 1.2 million by 2020—a staggering 70% increase.

Population growth will increase pressure on resources including:

- Drinking water –water, quantity and quality, distribution, infrastructure.
- Surface water, water quality commercial and recreational shellfish harvesting and recreational bathing beaches.
- Waste disposal – sewage treatment and disposal, reclaimed water
- Air quality – asthma and children's health
- Healthy indoor environments – schools, indoor air, mold.

Source: Forecast of the State Population, 2005,

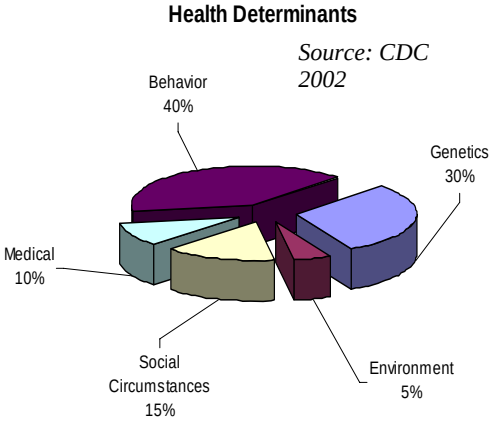


Washington Office of Financial Management.

Appraisal of the External Environment

There will be increased demand for basic services in communities as well. As Washington's population ages, there will be a severe strain on our health care resources and increased demand on public health agencies for prevention strategies to lower costs and prolong independent functioning.

Increased Diversity

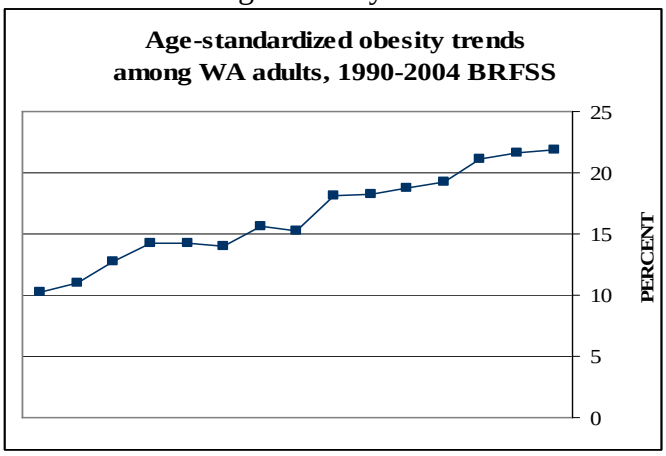


The population of Washington is continually becoming more diverse, with a broader range of cultures, ethnic communities and language groups. The Latino population will grow from a little over 540,000 in 2005 to 872,000 in 2020—more than a 60% increase. During the same time period, the Asian-Pacific Islanders population is expected to increase by 59 percent and the African American and American/Alaska Natives populations each by 27 percent. Clearly, the face of Washington residents is changing.

Age, race, ethnicity, gender, income status and other socio-economic characteristics have a strong influence on health. Understanding those relationships is key to recognizing and eliminating disparities.

The *2004 Supplement to the 2002 Health of Washington State* report (http://www.doh.wa.gov/HWS/HWS2004supp.htm), published by the Department of Health, found that persons of color and persons living in areas with high poverty or in areas with low levels of formal education generally have poorer health outcomes than white persons and individuals living in areas with less poverty or higher levels of formal education.

Health services that are not sensitive to the culture, language, social and historical circumstances of people and their communities will not be effective. Providing culturally sensitive services will require training of the current workforce so that services and materials are appropriate. Community-specific data can help us focus these efforts in the most appropriate direction. Changing demographics also signal a need for recruitment efforts to build a future workforce that reflects the composition of the population it serves.



Source: Washington State Department of Health, 2006.

Prevention and Healthy Behaviors

Obesity rates in Washington have doubled over the last decade and many chronic disease rates continue to climb. Because rocketing health care costs

associated with managing chronic disease are unsustainable, preventive policy efforts are starting to focus on intractable illnesses like diabetes, asthma, heart disease and cancer. (See, for example, Governor Gregoire's strategy for improving health care, *Raising the Bar for Health Care*, http://www.hca.wa.gov/contf/doc/GovGregoireHealthBrief.pdf.)

Research has shown that behavior choices and subsequent health outcomes are profoundly influenced by the culture surrounding us. Simply put, if people have access to healthy foods, they are more likely to eat better. Communities with safe opportunities for walking and biking encourage physical activity. Effective prenatal care saves society considerable outlays to cope with developmental disabilities. Similarly, reducing the use of tobacco and alcohol saves lives and money. Public health organizations have already shown that preventive efforts can succeed. In Washington, overall, smoking is down 13 percent, with 130,000 fewer smokers compared to five years ago.

The Links between Learning and Health

When students are sick, distracted or constantly absent, schools can't do their job. Research has shown essential components to school health include quality health and physical education, counseling and support services, good nutrition practices, available health services, involved families and school staff who model healthy practices. When all of these components are active in a school environment, it impacts both student learning and lifelong health.

Puget Sound Water Quality and the Shellfish Industry

Toxins are also an economic development and quality of life issue in Washington State. Protection of water quality in the Puget Sound in order to preserve shellfish harvesting is both a gubernatorial and industry goal. The Governor's Puget Sound Initiative (http://www.psat.wa.gov/News/press_info/ps_initiative_121905.htm) places a priority on water quality activities that protect public health and support the commercial and recreational use of Puget Sound. The Puget Sound Partnership found that 97percent of the public believes that "a clean Sound is a legacy we must leave to our children." Commercial shellfish harvesting within Washington State is the largest in the nation. We monitor 94 shellfish growing areas and license 325 commercial shellfish operations. Maintaining and assuring water quality will determine whether the state can maintain a viable shellfish industry, as well as quality recreational harvesting. This involves approximately 500,000 onsite sewage systems, discharging 175 million gallons of sewage effluent per day. We expect

Because of this success and the large potential for health care savings, public health officials can expect policy makers, elected officials and the public to continue to push for prevention programs. This is as true for the lives insured by Washington State (Medicaid, Medicare, state employees and retirees) as for other groups. Prevention and wellness strategies provide significant ammunition in the battle to reduce health care costs.

Reducing Exposure to Environmental Toxins

Mounting evidence continues to reveal the impact of toxins in the environment on childhood development.

From the well known effects of lead to the more recent concerns over mercury and polycholorinated biphenyls (PCBs) in fish, and polybrominated diphenyl ethers (PBDEs) in breast milk, it has become clear that children are not "little adults" and can suffer deficits in learning and behavior from even low level exposures to environmental toxins in early life. The developing nervous system is highly sensitive in the womb, and continues to be vulnerable right through the teen years.

Children eat more food, drink more water and breathe more air in proportion to their body size than do adults. And, kids being kids – playing in the dirt, putting their hands in their mouths – increase their exposure to contaminants.

Healthy Washington is working with a variety of stakeholders to target children in an effort to reduce human exposure to environmental toxins.

The key components of this initiative will address the impacts of contaminants on the health of children, particularly in school and daycare settings. In addition, the group will continue to work with the Department of Ecology on strategies to reduce exposures to Persistence, Bioaccumulative Toxins (PBTs).

These efforts will include continued evaluation of health risks from other emerging contaminants and increased efforts to effectively communicate health risk information to residents of Washington.

Information Overload and Public Health

In 1971, the average American was targeted each day by 560 advertising messages. Today, it is about 3,000. Getting information to the public and policy makers on how behaviors influence long-term health has never been more difficult.

Information overload, or "data smog" as one writer described it, is a major challenge in the sphere of public health. The department operates many data systems which collect information needed to contain health care costs, design more effective programs, prioritize expenditures of money and staff time and deliver preventative health messages to the public. (See Themes, page 47-49.)

To cope with this data glut will require:

- Better data mining of information that is already collected by the department and other health organizations.
- Professional analysis of data to convert information to guide the public, policy makers and the health industry.
- More effective communications and public relations tools to deliver health messages to the employers and the public, particularly young people.

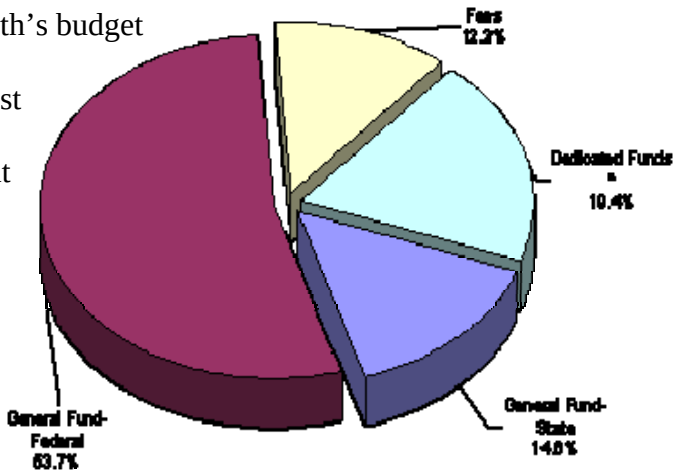
The department's responsibilities for environmental and preventive health are particularly demanding when it comes to analyzing data to determine health risks and then getting the message out. This includes both short-term emergency response and long-term monitoring and enforcement activities.

To cite just one of many examples, the department is responsible for quickly determining when shellfish harvesting is unsafe, closing those harvesting areas quickly and getting the word out to

harvesters. It also has long-term, related roles in the areas of water systems, on-site sewage and commercial shellfish licenses.

The Shifting Sands of Public Health Funding

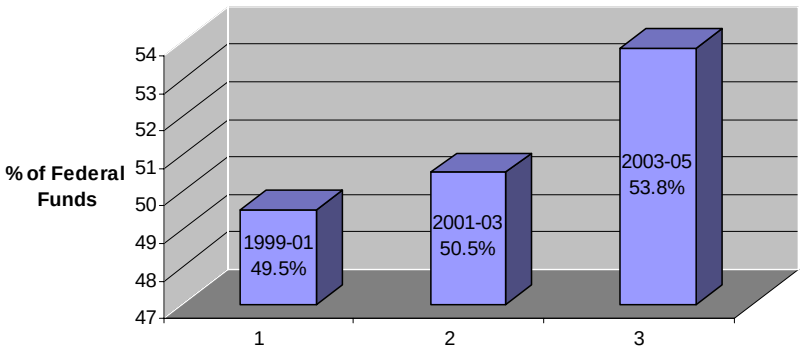
More than half of the Department of Health's budget comes from federal funding. Most of the department's new resources during the past decade come from these discretionary resources and were provided to implement new federal priorities or were a consequence of the tobacco settlement. With the tobacco funding projected to be depleted in FY '09 to '10, and federal funding overall under pressure as a result of the federal deficit, the department faces reductions and possibly the elimination of some programs.



The sheer size of the federal deficit demands a reduction in domestic spending for the foreseeable future. More specifically, Congress cut domestic programs in the current year budget by $9 billion, or, on average, 2.3 percent below 2005 levels. It then followed up with a further one percent reduction in non-emergency funds. The President has further directed rescissions in some current programs such as the prevention block grant. The President's current proposed budget for 2007 contains a $16 billion, or four percent cut. Among others, these cuts would include the elimination of the Preventive Health and Health Services Block Grant. Combined with the 2006 cuts, the cumulative effect could be drastic. The Centers for Disease Control and Prevention, for example, could see an eight percent reduction over two years, which would translate into reductions in grants to Washington State.

These reductions come as the federal government has also made it clear that it will have a more limited role in supporting emergency response. Federal officials have said that states will be unable to rely on immediate and complete support from the federal

Federal Funds as a Percentage of Total Department of Health Funding, 1999-2005 Bienniums



government, even in the event of a national emergency. Scalable plans will be the foundation of an effective response which first occurs at the local level, with state assistance following.

Washington's system of emergency medical and trauma care services is one of the best in the nation. Yet, inadequate funding for on-site inspections of EMS agencies and lack of authority to require data collection from all pre-hospital agencies limit the potential to further improve statewide EMS care. On the other hand, in rural areas, hospital physical plants are aging. Most were built in the 1950s when federal Hill-Burton funds were available. Most rural hospitals are supported by local tax levies, operate at no or negative margins, and have few resources to reinvest in their capital structure.

Pressures on Local Health Organizations

Public health is a basic government function with a long history of providing services like clean drinking water, safe food, immunizations and protection from infectious diseases.

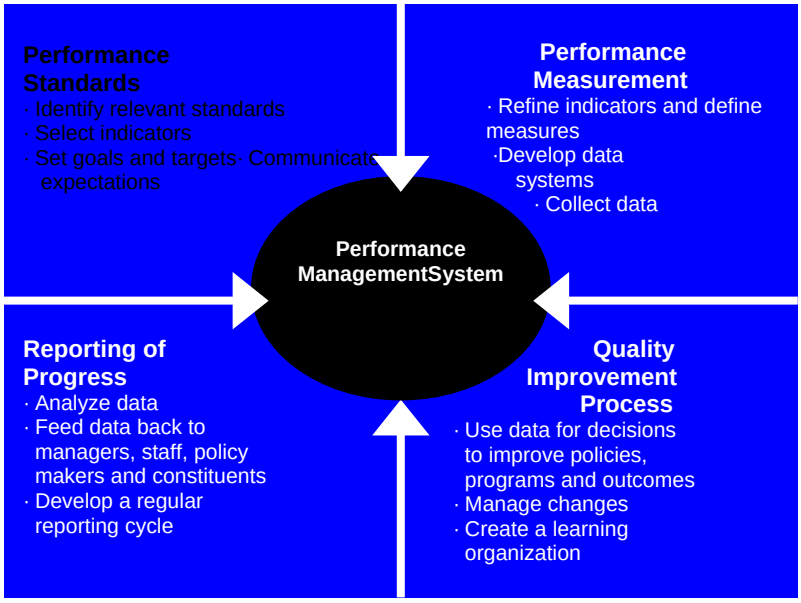
Many public health services are delivered by county government through a combination of federal, state and local funds. Federal and state funding is generally tied to specific uses. This increases financial pressure on local entities, which have many significant competing needs, including public safety.

The 35 local public health agencies in Washington State have a collective budget of about $350 million per year. About half of this funding comes from the patchwork of state and federal funds. The remaining funds come from local sources, including taxes, fees and permit revenue.

Per capita spending among the local jurisdictions varies widely, from less than $4 to $55. Overall, the system is regarded as seriously under-funded and extremely fragile. (See, for example, *Financing Local Public Health in Washington State*, July 2005, PHIP Finance Committee and Berk & Associates.)

Performance Management Expectations

The Department's operating environment includes performance and management expectations from the Governor's Office, legislature and the federal agencies that provide funding and develop national standards.



At the national level, several efforts to develop a public health performance management system

are underway. While the national Health and Human Services Center for Disease Control (CDC) has developed goals (See appendix 14), there is as yet no agreement on performance measures, despite multiple efforts over many years. Several national grant-funded projects are examining the value of accrediting state and local public health agencies and performance measurement/assessment approaches.

It is highly likely national performance management expectations will be forthcoming in the next two years. The responsibility for public health will remain at the state and local levels, and those authorities will be expected to implement the national goals.

The state's public health organizations have moved ahead in this area. Washington's progress in improving public health performance through meeting public health standards achieved several important milestones in the '05-'07 Biennium. All local health jurisdictions and the Department of Health assessed performance against the Public Health Standards for the second time. In addition all agencies have agreed to work on one area for improvement:

The goal of the project is to have programmatic measures that cover the collective activities of local and state environmental health organizations.

Local Performance Measurement Pilot

The Department of Health and four local environmental health offices – Mason, Thurston, Chelan-Douglas and NE Tri-Counties – are participating in a pilot project to develop programmatic performance measures in retail food and wastewater management. These are two programs where local health jurisdictions have primary implementation responsibility for either all or a significant portion of the program. The Department is responsible to develop the rules under which the local health jurisdictions operate and provide them with technical assistance and other support.

The department is also focusing on the performance management priorities of the Gregoire Administration, in particular the integration of Government Management Accountability and Performance (GMAP) approach into routine performance management. At the agency level, GMAP focuses on selected strategic plan measures. Each division and office uses GMAP to track and improve important business plan elements, at least monthly. This includes the development of a new approach to quality improvement, a requirement of House Bill 1970 and the PHIP Standards.

Making Patient Safety a Top Priority

Safe health care is assured by appropriately and quickly screening applicants for a license and taking action against offending licensed practitioners. Over recent years, these functions have consumed more and more time and resources. There are increasing numbers of high priority complaints regarding sexual contact, abuse of a patient, serious physical injury or patient death.

Patient safety is among the highest priorities of the Gregoire Administration and the Department of Health. As of May, 2006, the state auditor has begun a performance audit of Health Professions Quality Assurance at the request of the Governor. She has also issued an executive order (Executive Order 0603,

http://www.governor.wa.gov/actions/orders/eo_06-03.htm) directing boards, commissions, and DOH to implement sexual misconduct rules. The Governor's Office is also leading a review of the Medical Quality Assurance Commission. The results of these activities, as well as, the results from the governor's quarterly GMAP forums, are likely to influence implementation of this strategic plan.

Increasing litigation of these cases needs to be addressed so the cases are resolved more rapidly and with appropriate sanctions. Electronic tracking systems need to be developed to facilitate resolution as well as providing prompt and accurate information to the public.

Safe care remains a high priority for consumers and providers alike. National efforts to improve safety have resulted in increasing attention to the need for information about trends in medical errors. The department can assist by providing insights through analysis of adverse event data.

Access to Care

Washington's health care infrastructure faces pressure from growing demand, rising costs, increasing numbers of the uninsured or underinsured, and a widening gap between costs and revenue. The department is a partner with the Health Care Authority and the Department of Social and Health Services in tackling these issues for those covered or insured by the state, at Governor Gregoire's direction. Strategies cover reducing costs, covering all children by 2010, and increasing employee and retiree prevention and wellness activities. (*Raising the Bar for Health Care, http://www.hca.wa.gov/contf/doc/GovGregoireHealthBrief.pdf.)*

Private providers are less able or willing to accept new patients whose health care financing comes from public sources such as Medicare and Medicaid. These providers claim that public payment is not keeping pace with the growing cost of care. In some eligible urban and rural communities, there are programs which provide financial enhancements to Medicare and Medicaid payments. The department is working with rural and underserved urban providers to assure access to care by encouraging participation in these programs and helping providers meet necessary qualifications. Rural hospitals are addressing perceptions of lower quality by working together as a network.

The issue of access isn't limited to access to doctor and hospital care. Proposals to limit a pharmacist's responsibilities in processing lawful prescriptions could have an impact on the delivery of care. Petitions to allow pharmacists to refuse to fill prescriptions on moral or religious grounds would impact clients served in the public health system and limit access to prescriptive medications or supplies including all contraceptives.

Workforce Shortages further Aggravate Access Issues

Many communities, especially rural and underserved urban, are located in areas that suffer from a shortage of health professionals. State and federal resources are used to help these communities find health care personnel. All of Washington's communities are looking for ways to educate and train more nurses. Successful efforts such as the Health Professional Loan Repayment and Scholarship program are helping to recruit primary care health personnel to areas where they are

needed. Yet severe shortages remain and could get worse as an aging population requires more care.

Public health will be working to implement legislation passed in 2006 which will assess the number of licensed health professionals in the state. This data will be critical to determining workforce capacity. Public health, both at the state and local level, along with schools and health care employers need information on the number of health professionals so that they can meet the needs of their communities.

The emergency medical workforce is suffering a decline in the number of volunteer providers and seeing an increase in paid, career personnel. Rural communities often rely on volunteers to provide much of the emergency medical care, while urban areas are more likely to use paid personnel. A focused look at this changing demographic is needed to assure that an adequate and trained EMS workforce remains available to all areas of Washington.

Level 1 vs. Level 2 Trauma Care

Level-one trauma centers are major regional academic centers that can perform surgeries 24 hours a day, have a surgical Intensive Care Unit and provide ongoing research and training for surgical residents, according to the American College of Surgeons. Level-two trauma centers provide a high level of trauma care but their standards are less stringent. There are fewer resources and no research facilities are required.

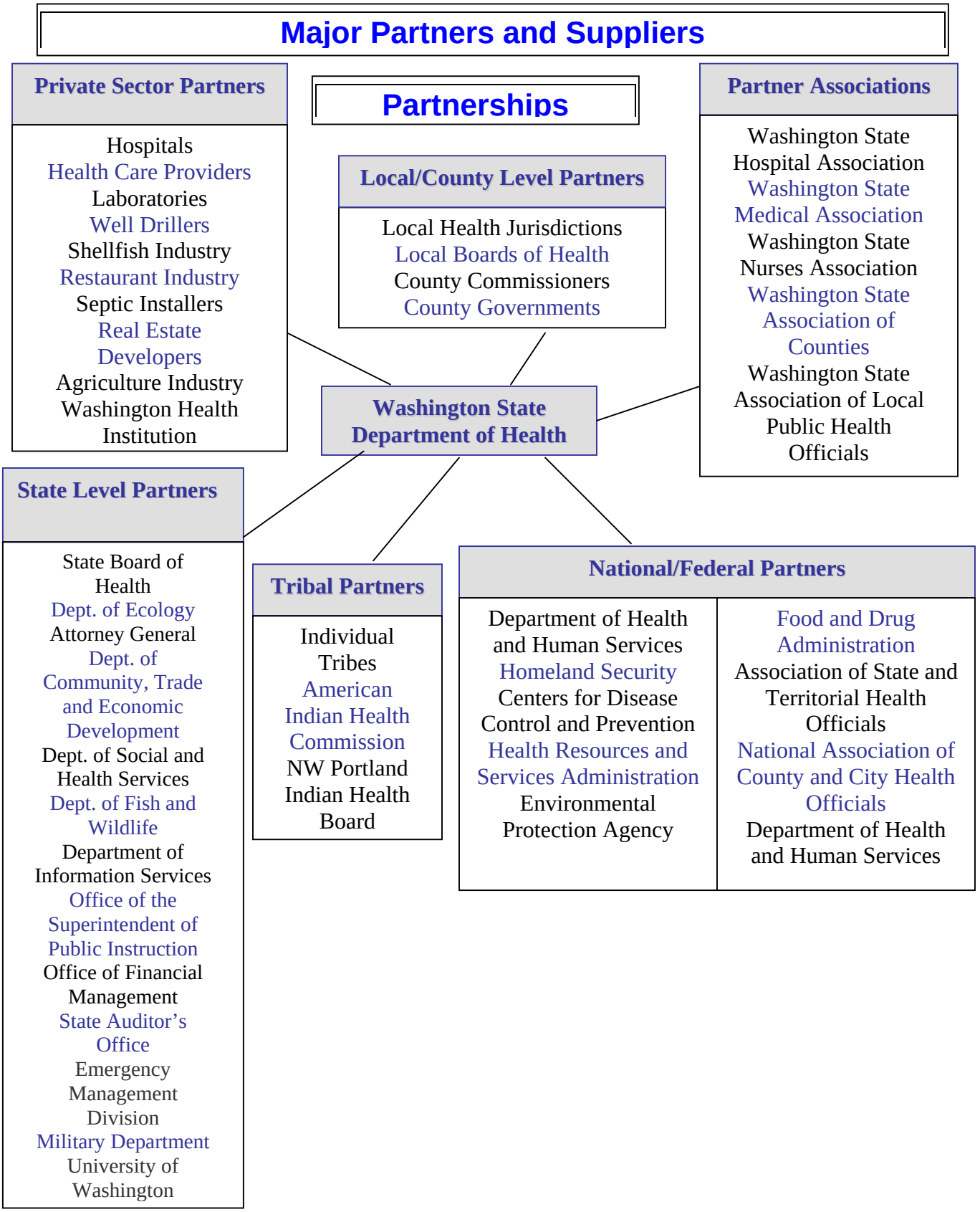
A shortage of surgical specialists is creating unique challenges for assuring access to trauma care across Washington State. Neurosurgeons have left some communities and are restricting their practices in other communities. Orthopedic surgeons willing to take trauma calls and provide definitive care are resulting in more transfers to Harborview Medical Center – Washington's only level I trauma service.* Some level II trauma hospitals are at risk of losing their designation due to difficulties in meeting the specialist availability standards.

Laboratory Testing Capacity and the Terrorist Threat

Since the events of 9/11, the threat of biological, chemical or radiological terrorism has increased substantially. Existing public health lab facilities to test for these diseases are now extremely overcrowded and lack sufficient capacity to respond to either large disease outbreaks or to deal with newly emergent human diseases.

Perhaps most critically, inadequate capacity exists for processing and identifying agents of unknown, but potentially highly hazardous, composition submitted as a result of suspected terrorist attacks. Planning is underway to develop appropriate capacity to safely receive and handle such "unknown agents" in the existing facilities

Partnerships and Customers



Partnerships and Customers

The Department of Health's partnerships span the state of Washington, many other states in the country and the province of British Columbia. They can be broken down into four types: collaborative, regulatory, funding and supply. Often a relationship will involve more than one of these characteristics. Because the factors affecting public health are so numerous and pervasive, the department has many different partners in the government, non-profit and private sectors. Without these partnerships, the department would not be able to accomplish its responsibilities.

Collaborative partnerships involve working together on activities and projects. Regulatory partnerships are created when the department issues regulations that affect another entity. In funding partnerships, the department either supplies funding to another organization or receives funds from them. Finally, a supplier relationship exists when another entity provides an important element, information, for example, to the department.

Some of the most important partnerships for the department include the following:

Local/County: Washington's 35 local health jurisdictions are critical to the public health system. The department relies on them to deliver many services to public health customers. Local jurisdictions and county governments are crucial links in the state's emergency preparedness program.

State Agencies: The department works with many state agencies on a wide variety of programs, from emergency preparedness to educational efforts aimed at the general public and specific populations. Some of these relationships are based on state orders to work together to develop regulations and programs to improve and protect the health of the people of Washington.

Tribes: The tribes are another critical link in the state's emergency preparedness program. The department also offers educational materials specifically targeted to the health needs of Native Americans, supports their health infrastructure through funding and education, and relies on tribal governments to deliver messages to tribal members.

Private Sector: The department shares collaborative, supplier and regulatory relationships with the private entities listed above. The department works with industries to make sure the products they develop or services they offer are safe for Washington residents and that health care is safe and accessible to the people of this state.

Associations: The associations listed above and others work with the department to ensure health care facilities are safe and the people who provide health care are qualified to do so.

National/Federal: The Center for Disease Control and Prevention is a major partner to the department. Many state programs are funded through CDC grants, and both the department and the CDC look to each other for information on a number of public health issues. The Health Resources and Services Administration in the federal Department of Health and Human Services

is another major source of funding for programs in public health. These funds come to the state Department of Health, as well as many community level programs and grants.

What Our Customers Want

Today's consumers expect high quality, professional constantly improving services. Their benchmarks are the best organizations and they want that quality from all the rest, public or private. Accessibility, convenience, speed and low cost are all expected. And while they can't always shop with their feet when it comes to government services, there are plenty of ways for the public to express its dissatisfaction. The department places high importance on customer service.

The Challenge of Rising Customer Demand

Public health agencies and the Department of Health in particular face challenges in customer service. Nearly all of the department's major responsibilities are showing a sharp upward trend in consumer demand. During the past decade, for example, public disclosure requests have increased 300 percent and consumer complaints have increased 130 percent. Working on improving the quality and timeliness of responses in these areas is a high priority.

Increased demand is a product of a number of factors. Improved communication on public health issues has created a more knowledgeable and demanding public and concern about public and personal health has never been higher.

Increased awareness of new public health threats has created a new group of public health consumers labeled the "worried well." Their personal health is not currently threatened, but fear that it could be at any time. They have been sensitized by the emphasis on homeland security, planning for pandemic flu, and fears of everything from West Nile Virus to the accessibility and affordability of health services and insurance.

More Services vs. Increased Costs

Customer attitudes are also being shaped by several additional factors, including perceived conflict between:

- More services vs. a limit to the cost of government and health care.
- Better and more complete information about health issues vs. protecting privacy and a less intrusive government.

Typically, residents see a hospital in their community as a good thing. It's even better if it covers nearly every procedure and provides excellent care from experienced personnel. They want timely responses to their 911 calls for EMS assistance and readily available resources in

ambulances, emergency departments and hospitals. They expect high quality professionals who treat them with respect and dignity. They expect quality care based on evidence and data-driven decisions.

Regulators and the Regulated

Local health jurisdictions, community developers, public water systems, shellfish growers and harvesters, and those who use radioactive materials for medical diagnostics and therapy, industrial uses, research and development and x-ray facilities are all customers of the Department of Health.

Although diverse in their work, these customers want and need many of the same things. They want reasonable and clear regulatory requirements based on performance rather than prescription. These customers want regulations implemented with efficient use of resources, strategic thinking, accountability for actions, and clear communication. When there is a problem, they want prompt resolution of complaints.

Many of our customers are confused about the roles and hand-offs within the Department of Health and between state and federal agencies for their particular process.

If a hospital wants to change its long-term care capacity, for example, it goes through the Department of Health for a Certificate of Need, Construction Review, and Hospital Survey and Licensing. At the same time, the hospital deals with the Department of Social and Health Services' Aging and Disability Administration. As soon as it receives approval from all these offices, it needs to interface with Medicare (Centers for Medicare and Medicaid Services) and the state Health Recovery and Services Administration.

Government needs to work together so that the processes are more seamless for customers.

Technology Assessment and Strategies

Information Technology Enables Business

The Department of Health strives to use information technology (IT) to maximum advantage in support of public health improvement and protection. The broad range of agency programs, and the number of legacy systems and new projects underway which support them, create a very dynamic technology environment. Program managers across the department are engaged in collaborative work with stakeholders and partners at the local, state and federal levels daily. Virtually every public health initiative has a technology component.

Public health systems rely heavily on local partners whose resources are already strained. During system development, the department must make decisions which enable future reuse of components and data integration to eliminate duplication of effort. It is also critical to fund maintenance at the state level, as federal funding that supported past development of key IT systems declines.

Technology in the broader health field is expanding and developing at a dizzying pace. In addition to innovations in business process technology, such as portable electronic medical records, the department faces a daunting array of program related technological innovations. Examples include technologies resulting from progress in biotechnology and nanotechnology, and the mapping of the human genome. New vaccines may prevent diseases not widely prevalent in the general population, but that affect specific populations very severely. New tests can detect latent or likely future diseases that can't be prevented and for which there is no early treatment. The possibilities are far outstripping the department's ability to evaluate which innovations warrant investments of scarce public dollars, or even which are likely to live up to their early claims of effectiveness. DOH is further challenged to ensure that once a commitment to new technologies is made, it does not exceed the capacity to analyze the data, use the system or product, and respond effectively to the organizational and culture changes new technologies, systems and programs bring to the business.

This agency is one participant in the larger public health system. In addition to previously identified public health partnerships, agency technology leaders also work closely with the Washington State Department of Information Services Customer Advisory Board, Washington Computer Incident Response Committee, Public Health Information Technology Committee, the 35 local health jurisdictions, and other organizations to assess needs and issues, promote collaboration, and develop strategies to maximize our use of technology for public benefit.

A key tool in management and reporting of technology investments is the department's IT Portfolio. It provides a central source for executives, program managers, IT staff, and regulators to view the agency's combined IT resources, including expenditures, staffing, infrastructure, applications, and projects. From this perspective, informed decisions are made about proposals while considering their impact on the agency as a whole. The IT Portfolio may be used to identify efficiency and collaboration opportunities. In addition, it offers lessons learned and best practices derived from completed projects that help future projects to be more successful.

Technology Assessment and Strategies

Performance

Recently the agency has undertaken internal initiatives to improve and stabilize the computing environment, enable proactive and informed decision-making, and increase the success of our technology projects.

Department of Health Consolidation Complete

The headquarters move to Tumwater, begun in 2004, afforded the opportunity to design and build a new state-of-the-art agency data center in the Town Center complex. All servers and systems previously spread among seven different computer rooms and managed by separate IT shops were consolidated. With the completion of the third Town Center building and move in summer 2006, the consolidation will be complete, improving the security and stability of our IT environment and increasing efficiency through resource-sharing.

Governance Structure Adopted

The agency has adopted an IT governance framework to identify who will make decisions about operational and strategic technology matters as they arise and ensure that resources are managed to support evolving program needs. Each division is represented in decision-making at both the program and senior management levels. IT project prioritization and oversight occur within this governance process and the Department of Information Services Senior Technology Management Consultant is a member of the IT Governance Board Technology Strategies

New IT Project Resource Center

In 2005, the IT Project Resource Center was established to develop guidelines and promote best practices among project managers agency-wide. The resulting web site offers a structured process that aligns with the Washington State Project Management Framework and offers templates, tools, and resources to reduce project risk, develop management skills, and deliver successful projects.

Other Efficiencies Achieved

In addition to the accomplishments noted above, several agency-wide projects have yielded time savings or resource cost avoidance:

- Central deployment of a survey tool to enable quick and efficient data collection has resulted in hundreds of surveys, event registrations, and data collection efforts, saving an estimated 4,000 hours over previous methods. The tool is currently being upgraded to offer more functionality and expanded reports.

- An effort was also completed which reduced the number of legacy applications and databases on agency file and print servers by over half, providing additional storage and valuable disk space, minimizing back up timeframes, and improving network response time. This effort also minimized the department's risk exposure by eliminating undocumented data repositories which may have contained data we did not have statutory authority to retain.

- Separate IT shops have been integrated into the central DIRM Data Center. Past practices such as inadequate documentation on installation, configuration, or system operations are being corrected. Staff turnover in those situations meant the department lost institutional memory and program work suffered as support deteriorated. Now, as part of the agency data center, all hardware is managed according to the agency configuration management process, equipment is secure, and the department is able to consolidate resources by identifying unused capacity and facilitating resource sharing. This allows the department to simplify the environment and conserve resources.
- A data classification process has been established to provide an easily understood and cost-effective method to organize and protect data according to its sensitivity to modification, loss or disclosure. This process aligns with public disclosure, confidentiality, regulatory compliance, data integrity, and availability need and allows security controls to be applied only when and where they are needed.

Core Services
The Division of Information Resource Management provides a core set of information technology infrastructure and services in support of agency programs. Processes and services are structured to protect technology investments, assets, and data; ensure compliance with applicable state and federal policies and statutes; promote best practices in resource management; and support enterprise IT direction and strategies. The central services provided by DIRM are outlined in Appendix 8. Divisions provide additional internal support, while outside vendors are engaged for other services, particularly application development.

The current operating environment features two data centers, one serving offices in Tumwater and Eastern Washington, and the other serving staff in Kent and our Public Health Lab in Shoreline. Each is operated and maintained 24 hours a day, 7 days a week with appropriate power, security, environmental and fire protection systems.

Agency sites are networked via a state-of-the-art infrastructure ranging from agency owned fiber connecting the Tumwater offices to commercially leased circuits connecting the agency's seven other campuses located throughout the state. The infrastructure supports video conference services, satellite and cable TV distribution in the Tumwater, Seattle and Kent sites. By year end 2006, the infrastructure will consist of three separate network loops in conjunction with the alternate data center in Seattle to provide the agency with redundant and failover capability for all network services including voice communication. By year end 2007, the infrastructure will support video conferencing, satellite and cable TV distribution to the desktop. In addition, these improvements will add redundant and failover connections to the state governmental network, the Internet, and the PBX system to ensure the continued availability of voice and e911 systems.

We have begun the deployment of a wireless network infrastructure in the Tumwater campus, and by the end of 2007, wireless network access will be available from any conference room at

all agency sites. By end of 2009, infrastructure will offer secure real-time access using wireless device technology to support field staff working offsite. Emerging technologies will continue to be evaluated and assessed for implementation within the agency to meet identified business requirements.

Strategies to Improve Results, Reduce Costs

The vision and strategies of our central support organization link to the agency's goals and strategies and have been established with input from the IT Governance Board. Current and planned initiatives with performance measures promote continuous improvement and results. Internal initiatives for the near term include:

- Clarify and communicate IT roles and services across the agency
- Proactively position resources to support agency priorities
- Identify commonalities and data sharing opportunities among information silos
- Assume responsibility and authority for central IT budget and sustainability of future funding
- Create a central digital certificate clearinghouse
- Ensure and promote technical expertise of DIRM staff

DOH is facing both known and unforeseen developments that will outstrip its capacity:

- Federal funding shifts and reductions – The ability to maintain public health systems given a reliance on federal funds will require increased funding from other sources, including general fund state. Research by the Gartner Group estimates maintenance of an existing system at .11 on each dollar spent to develop it.
- Leadership in a fast-paced technology environment – The department must comply with evolving state and federal data and architecture standards while choosing the right tools to leverage public health data.
- Use of public health data – The department must seek to integrate standalone data stores to enable informed analysis, assess risks, guide activities, and make public health decisions.
- Critical Health System Disaster Recovery –DOH's dependence on technology systems continues to grow, which places increasing demands on the production environment and the ability to recover and continue business. The agency's mission critical computer systems are at a high risk because they are not capable of immediate recovery at an alternate data center in the event of a primary data center failure. DOH continues to operate from two data centers in Western Washington and lacks funding to build out the optimum secure and reliable alternate site in Eastern Washington. The department is in the process of building an alternate site in the Shoreline Public Health Lab. While not the ideal solution, this center would back up the physical loss of the primary data center short of a catastrophic disaster wiping out Western Washington and DIS in Olympia.

- Increased central IT staff capacity – The number of central IT staff supporting core services has remained virtually unchanged for the past 10 years even as agency staff and IT systems and support needs have risen steadily.
- Division prioritization of IT initiatives – The sheer number and variety of IT projects underway to support program goals generates competition for scarce central resources.
- Integration of IT project management and planning with program processes – Now that the IT Project Resource Center has been established to promote a structured process and best practices to improve outcomes, integration with existing processes to change old habits is essential to long term success. The Standish Group finds that a project manager with the right tools and methodology can greatly increase the success of a project. Expansion of the Project Resource Center, continued communication on project management, training, experience with new policy and process, and senior management commitment will maximize IT investments and deliver results.

Priority Enterprise Initiatives

The agency dedicates IT resources in support of efforts that extend beyond its own mission. This includes monitoring public/private initiatives which support health; participation and leadership in local, state, and federal boards and committees that impact work, and agency level coordination and implementation of external IT directives. This collaboration supports the public and the department's own interests to improve the value and performance of general government and public health systems for all citizens.

Enterprise Business Portal

The department is participating with other agencies in the Enterprise Business Portal Initiative in response to Executive Order 05-06 on Regulatory Improvement. The initiative was established to bring together various agencies, programs, and the business community to design, develop and implement improved business processes and a web portal that businesses and individuals can access to fulfill their licensing permitting, regulatory and tax collection requirements.

Public Health Unified Interface

The departments' many IT systems, particularly those developed with local health jurisdictions (LHJ's), grew up in a silo environment. They all reside on agency servers, but require separate logons, and have widely varying interfaces. In smaller LHJ's, the same individual may be responsible for two or more applications and must logon and logoff repeatedly throughout the day to complete assigned work. The department is working with LHJ's to develop a unified single sign on portal to support their business with DOH. This enterprise approach will reduce time for local partners and increase efficiencies in both data transmission and utilization across the public health community.

Health Information Infrastructure Advisory Board and Committee

Washington State has undertaken a Health Information Technology and Electronic Medical Records Initiative as directed by Substitute Senate Bill 5064, passed by the legislature and signed

by the governor during the 2005 session. The bill requires development of a strategy for the adoption and use of electronic medical records and health information technologies consistent with emerging national standards to promote interoperability of health information systems. The legislation calls for the formation of an Advisory Board to investigate, discuss and provide direction. Since the membership of the board is very limited, an Advisory Committee including additional stakeholders has been established. As a member of the Advisory Committee, the departments CIO participates to assure that public health data can be integrated and used in conjunction with the clinical data that is the major driver of the system. A preliminary report was delivered to the legislature in December 2005 with the final report due in December 2006.

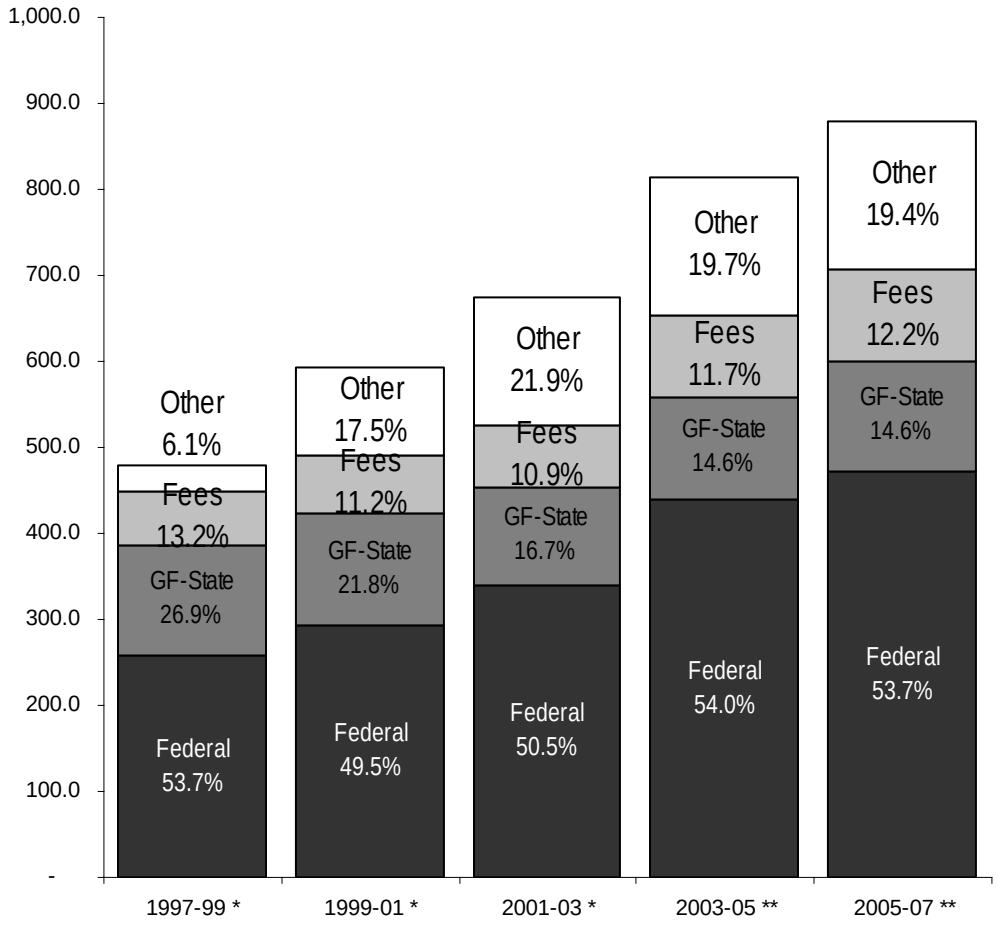
Planning for Future Technology Directions

There are both challenges and new technologies on the horizon to enable progress on public health priorities. The department monitors research and development efforts, trends, forecasts, and the technology marketplace to identify opportunities. One of the issues on the radar screen include a product road map. Current statewide and agency standards support the Microsoft suite of products. In the 2007-2009 biennium, Microsoft will release a new operating system, E-mail system, and all products supporting daily business functions. Support for current products will be discontinued, changing pricing and product bundles with costs anticipated to increase dramatically. Upgrading to the new tools will likely require modification of current databases and systems, if not replacement of aging systems that cannot be modified. In addition, training for all agency staff will be required to use the new tools effectively. The department must evaluate the impact these changes will have on the environment to address increased resource needs in the budget or select alternative products. It is hoped that Department of Information Services will offer leadership in this endeavor.

Financial Health Assessment

The Department of Health depends on a range of funding sources to ensure Washington's residents have access to the services they need to stay healthy and safe. The department's current operating budget for the 2005-07 biennium is $878 million. The capital budget is $62 million. The operating budget is a complex mix of federal funds, state general funds, and dedicated tax and fee funding sources. The mix of funding sources has changed over time, with an ever increasing reliance on federal funds. Federal funds are generally categorical funds, in that they can only be used for specific purposes. State general funds, the agency's most flexible dollars, have been decreasing as a proportion of the department's budget.

DOH Funding Trends



Financial Health Assessment

Increased Reliance on Federal Funds
Approximately $470 million – over half – of the department's operating budget for the 2005-07 budget is supported by federal funds. Although the amount of federal funding has nearly doubled over the past decade, all of these funds are allocated through categorical grants or funding formulas. Flexible or discretionary funds are no longer available, which challenges the department's ability to respond to emerging issues or ensure that basic protection will remain in place when funding erodes at any level of government.

Funding changes at the federal level have a direct impact on the state's public health system. The recently released Presidential Budget proposal for federal fiscal year 2007 aims to reduce funding for domestic "discretionary" (i.e., annually appropriated) programs in each of the next five years, relative to the existing 2006 funding levels adjusted for inflation. This coming year, fiscal year 2007, the funding cuts would total $16 billion and average 4.1 percent. The reductions would then grow deeper in each succeeding year, climbing to $57 billion, or 13 percent, by 2011. For health programs, this could mean a five-year (2007-2011) national funding change of $24.2 billion.

The President's FY 2007 proposal seeks to eliminate or reduce spending in 141 programs for a savings of $14.4 billion in 2007. Specific HHS program impacts include Preventive Health and Health Services Block Grant, Maternal and Child Health Small Categorical Grants, Community Services Block Grant, Urban Indian health Program, HRSA – Health Professions, HRSA Poison Control Centers, and HRSA – Rural Health. This will impact the department's budget and service provision.

Dedicated Fund Accounts are at Risk
Dedicated funding sources make up nearly 20 percent of the department's budget. The largest of these funds include the Tobacco Prevention/Control Account ($52 million) and the Health Services Account ($38 million). These two accounts face critical revenue issues in the coming years. A third account, the Hospital Data Collection Account, is also facing revenue issues as a result of a recent court decision.

Tobacco Prevention/Control Account (Fund 828)
Although the agency was involved in tobacco prevention efforts before the Master Settlement Agreement (MSA) of 1998, it was the MSA that triggered the creation of a statewide, comprehensive tobacco prevention and control program. With the first installment of the MSA funds, the legislature appropriated $100 million to create the Tobacco Prevention and Control Account. The Department of Health began drawing from that account in FY 2000. Additional funding is generated by Initiative 773, which raised tobacco taxes and dedicated some of those revenues to statewide tobacco prevention and control efforts.

Financial Health Assessment

The most recent analysis conducted in May of 2006 determined that the $100 million MSA will be depleted in FY ’09 to ’10 and the last full year of funding will occur in FY 2009. Without new funding, the department will need to scale back our efforts by nearly one-half. We predict that the outstanding gains made to date in reducing tobacco use could be lost quickly if our comprehensive efforts are reduced.

Health Services Account (Fund 760)
The Health Services Account is supported by a variety of routinely-collected state taxes related to health care, along with tobacco settlement payments and revenue generated by ProShare and some Disproportionate Hospital Share (DSH) payments. The account provides funding for children’s Medicaid, the Basic Health program, grants to community clinics, and two programs within the Department of Health: children’s immunizations and local public health assistance. The Health Services Account exemplifies the challenge of state-funded health care programs, with state revenue growing at approximately 4-5 percent per year and health care cost growth in the double digits. The two programs funded through the Health Services Account continue to be vulnerable to these cost increases and revenue challenges.

Hospital Data Collection Account (Fund 002)
The Hospital and Patient Data Systems program collects, maintains, analyzes, and disseminates hospital inpatient discharge and financial utilization data used to conduct public health work and improve the quality and cost effectiveness of healthcare in the State of Washington. The hospital data collection and reporting activities have been funded primarily through an assessment to Washington hospitals. As a result of a lawsuit from the Washington State Hospital Association, the system can no longer be funded by an assessment on hospitals. General fund state funding was provided in the supplemental budget for FY07. However, a strategy to identify continued funding will be needed in the near future.

Joint Select Committee on Public Health Finance
Public health statewide is under-funded in part because there is no financial plan for the system. Each county sets its own level of local funding. Additional funds are a patch work of grants and special-use dollars. The Joint Select Committee on Public Health Finance (HCR 4410) is evaluating the need to develop a secure and stable source of funding for the public health system. The department is assisting by providing information that will help the Committee make recommendations to the legislature in 2007. The final report to the Committee on this effort can be found at http://www.wacounties.org/wsalpho/Workbook%207%20-%20Final.pdf.

Themes for 07-09

Tracking Disease Trends & Health Risks:

Public Health in a Changing World

The agency is facing many urgent public health issues: new epidemics, such as West Nile Virus; a flu pandemic; threats of biological and chemical terrorism; re-emerging "old" diseases, like tuberculosis; new environmental concerns, such as mercury exposure from fish; and personal health issues, such as obesity.

These and a host of other threats to our health and quality of life require our health system to be active in assessing concerns, developing preventive measures and interventions, and responding to the needs of both an aging and increasingly diverse population.

DOH faces these growing needs to protect and promote the public's health at a time when funding for public health agencies and programs is unstable**.** In the absence of sufficient resources to address all potential health threats, public health leaders are faced with difficult decisions.

Health officials need timely information to identify the leading health issues and target at-risk populations so they can focus scarce resources where the greatest impact can be made in protecting health. They also need to demonstrate accountability for their decisions by backing them up with data and an understanding of the outcome of efforts in targeted programs.

Public health agencies conduct assessment—the collection, analysis, and dissemination of information. Through this work, public health agencies learn where, when, and how health threats are occurring. With these data, they can prioritize needs, focus resources, make service or program changes and implement policies that improve public health.

At the state level, these activities are typically funded by the state general fund and increasingly depend on federal money. Finding stable funding has become an issue. In the past few years, federal dollars have funded a number of systems that track and monitor health risks.

The new systems provide a wealth of current information about the health of our communities and allows us to identify significant health threats quickly and take timely actions to mitigate the threats. But as the federal funding decreases, the agency is challenged to find the funding to continue the operation of these systems.

Changes in technology and other factors have helped us tremendously in the collection of data. The downside of this is that while DOH is data rich, it has inadequate resources for data analysis, leaving it information poor.

This analysis is critical. It can give a real-world, real-time picture of the condition of the state's health. More importantly, it helps identify priorities so that the agency can make more effective use of its resources. It also will help make emerging health threats visible sooner, which will make planning more effective.

This data is also important to other entities such as the Health Care Authority, the Department of Social and Health Services and Labor and Industries. The Governor recently created the Health Outcomes Advisory Committee to ensure consistent use of the state's health data in measuring program effectiveness. (http://www.governor.wa.gov/actions/orders/dir_06_01.pdf.)It is also necessary to the private sector, Office of Financial Management and the Legislature.

This data also is part of the state's push to take a more active role in the global economy. Bio-medical corporations, high technology firms, venture capital firms and other 21st Century corporations rely on this data to determine where to invest their resources.

The following sections identify examples of the different components of the agency's data collection and analysis activities and provide insight into the successes and challenges each of them face.

Tracking Disease

The Communicable Disease Epidemiology Office works with local, regional and federal partners to:

- Provide 365/24/7 technical support for the investigation, prevention and control of communicable diseases;
- Identify disease trends by collecting, analyzing and reporting communicable disease information;
- Provide continuing education to public health and healthcare professionals;
- Develop plans and guidelines for responding and controlling common communicable diseases and rare conditions that require urgent intervention.

In the past five years, the scope of DOH's work has expanded to include bioterrorism preparedness and response, investigation of vaccine-preventable diseases and those related to insects or animals. The agency's challenges are further development of emergency planning and response capacities; improving the timeliness and accuracy of its disease reporting system and improving the ability to provide training, all in the face of federal funding cuts.

The Infectious Disease and Reproductive Health Office works with local and federal partners, health care facilities, private and public laboratories, and community based organizations to:

- Report tens of thousands of cases of infectious disease every year, including HIV, sexually transmitted diseases, chronic hepatitis, and tuberculosis;
- Analyze and report trends in these diseases;

- Collect detailed behavioral information from a sample of individuals with disease or at risk for disease in order to better target public health interventions;

- Share information with prevention and health care providers and social service agencies as well as people from affected communities in order to most effectively deliver services to those in need.

Our main challenge in the 2007-2009 biennium will be dealing with federal funding costs that will leave us with fewer staff to deal with an increasing volume of disease reporting. Another issue for us is slow development of data management systems that adequately address issues related to high disease volume and accurate tracking of individuals who have infectious diseases that are chronic in nature (HIV, Hepatitis C Virus).

The Birth Defects Surveillance System is used to monitor the occurrence of major structural birth defects through the Birth Defects Surveillance System. Data from this activity are used to estimate the number of people with birth defects, inform and educate the public about the prevention of birth defects, and assist with early transition into care.

Collecting and Using Health Data and Information

The collection and dissemination of vital statistics data from birth and death records provides public health at the state, local, and national levels with critical health status indicators—life expectancy, years of productive life lost, infant morality rates, health disparity indicators, and leading causes of death. Program effectiveness is frequently evaluated based on this data.

Future performance in this area will be affected by major initiatives from the federal level in terms of the Intelligence Reform Act and the Real ID Act. The implementation of these new federal requirements will likely lead to restricted public access, a requirement to match births and death records, and increased online access by state and federal agencies which will need agency resources to facilitate.

During the last year, an electronic death registration system was deployed in Pierce, Spokane, Benton and Franklin counties with the remaining counties coming on line during the 07-09 biennium. As a result of this system, death certificates will be ready for issuance statewide within 5 days of the date of death at the Center for Health Statistics, an improvement over the performance of its current paper system by 3-4 months. The Secretary of State's Office/Voter Registration Database and DSHS/Office of Financial Recovery will see enormous benefits from the earlier receipt of these data.

Death certificates data will be of high quality, received in a timely manner and lead to earlier releases of mortality data. DOH is experiencing implementation challenges due to resistance to

digital signature technology, which is a state requirement for an electronic signature, among numerous non-governmental users. This will require the development of new strategies to ensure success of this project.

The Washington State Cancer Registry has established a system to accurately monitor the incidence of cancer in the state for the purposes of understanding, controlling, and reducing the occurrence of cancer. The accessibility of this data has become very useful for public health planning as well as scientific and medical research. Cancer incidence and mortality data by site and region are available for 1993 through 2002.

Successes for WSCR include the gold certification of its completeness, timeliness and quality of data from the North American Association of Central Cancer Registries and increased opportunities for collaboration due to the creation of a new Cancer Unit comprised of WSCR and the two other cancer programs, the Washington Breast & Cervical Health Program and the Comprehensive Cancer Control Program.

The Registry is currently working on developing a system to receive data into the central registry in a timely and consistent manner using the most secure data transfer technology available and managing the infrastructure to support the growing volume of data.

The Comprehensive Hospital Abstract Reporting System (CHARS,
(http://www.doh.wa.gov/ehsphl/hospdata/) collects inpatient hospitalization records from all non-military hospitals in Washington state, over 600,000 records annually. These data are used by public health at state and local levels to understand the incidence and prevalence of disease and injury, access to and quality of health care, and health status by locale. DSHS/Medical Assistance and the Health Care Authority both use CHARS for their rate setting activities.

When linked with birth and death data, they become an even richer source of information for program planning and evaluation. As a result of a lawsuit from the Washington State Hospital Association, the system can no longer be funded by an assessment on hospitals. General fund state funding was provided in the supplemental budget for fiscal year 07 and the agency is anticipating that the funding will continue for the 07-09 biennium.

The Behavioral Risk Factor Surveillance System (BRFSS)
(http://www.doh.wa.gov/ehsphl/chs/chs-data/brfss/brfss_homepage.htm) is a household telephone survey of adults conducted in collaboration with the Centers for Disease Control and Prevention. Questions asked of consumers include health status, access to health care, nutrition, physical activity, tobacco and alcohol use, use of preventive services, behaviors related to environmental health, and demographics. Since 2003, BRFSS has fielded an expanded survey allowing for a larger number of respondents at the state level and data at the county level. The expanded survey is supported primarily by funds from the Tobacco Prevention and Control Program which may not be available after 2009.

The expanded survey has allowed us to determine racial and ethnic disparities with greater precision. Although conducted successfully since 1987, the survey is suffering from a general

trend towards lower response rates in telephone surveys, which may be related to the development of electronic options such as cell phones and caller ID. Recent use of advance letters has increased response rates in the past year. A survey of cell phone users is planned to gather information about their willingness to participate in the BRFSS survey. The data is used to assess trends in behaviors and medical conditions and to develop programs and policy aimed at improving health.

The Healthy Youth Survey (HYS) (http://www3.doh.wa.gov/HYS/) is administered in public schools in grades 6, 8, 10 and 12 in the fall of even numbered years. It is a collaborative effort among the agency, Department of Social and Health Services, Office of the Superintendent of Public Instruction, The Department of Community, Trade and Economic Development and the Family Policy Council. HYS asks about a number of health-related topics such as nutrition, physical activity, intentional and unintentional injury, substance use, and risk/ protective factors.

The purpose of the survey is to provide information about youth in public schools in Washington for use in state and local program development, planning, and research. Information about trends and health disparities are available for some behaviors. This data shows changes in the prevalence of health-risk behaviors among all residents and the extent to which these are similar among different racial and ethnic groups.

The data are used in a variety of reports, such as the Health of Washington State and the Report Card on Health, and by a wide variety of local and state agencies, community-based organizations, universities, and schools. Washington has administered nine statewide surveys since 1988. In recent years the bulk of the funding for the survey has come from the tobacco program. If this funding diminishes, additional sources of funding may become necessary.

The Pregnancy Risk Assessment Monitoring System (PRAMS) participates with the Centers for Disease Control and Prevention to survey new mothers between two and five months after they have given birth. The survey asks about maternal attitudes and experiences before, during, and immediately following pregnancy. The survey provides data that is not available from other sources about pregnancy and the first few months after birth. This information can be used to identify groups of women and infants at high risk for health problems, to monitor changes in health status, and to measure progress towards goals in improving the health of mothers and infants.

Data Management Systems

The Public Health Issue Management System (PHIMS) is a secure, web-based electronic system for the Washington public health community that collects, manages and reports information about notifiable conditions. A consortium of local health jurisdictions and the

Department developed PHIMS to replace an outmoded, paper-based, disease reporting system. Local health jurisdiction staff and others who use it for day-to-day work guide the development of the system.

The use of PHIMS is improving the timeliness and accuracy of disease reporting from local health to the Department and enhances the ability to respond quickly to disease outbreaks. The information collected will become a valuable tool for local, regional and state public health professionals in following disease trends and the impact of interventions. Thirty-six of 39 counties in the state are currently using PHIMS; however, two of the three remaining counties comprise a large proportion of the state population. All of the counties will be using the system by the end of 2007.

Much of the development of PHIMS was funded by the Public Health Emergency Preparedness Response federal grant. The agency's major challenges will be to continue the maintenance and development of PHIMS to support disease reporting by all local health jurisdictions in the face of diminishing federal resources.

The Public Health Reporting of Electronic Data Project (PHRED) is being developed by the Washington Electronic Disease Surveillance program and is a component of the overall effort for public health emergency response preparedness work. This system electronically links hospital and commercial laboratories with state and local public health departments for reporting of test results. PHRED will pass the results for a variety of laboratory tests directly to the local health department or us for action.

Currently PHRED is in the final stage of development and testing and deployment of the system is expected to start within the next two months. The system was funded through the Public Health Emergency Preparedness Response federal grant. Funding the on-going operation and maintenance (24/7 access, help desk, medical epidemiologist to review data) will be the responsibility of the state. A stable source of funding for these activities will needed in the near future.

The Lab Information Management System (LIMS)provides the day-to-day management and control of all specimens and samples arriving at the public health laboratory for analysis. All test results are recorded in the LIMS and subsequently reported to submitters. LIMS improves the accuracy of the results and timeliness for reporting to patients and response to public health emergencies.

The first phase of the system was implemented in 2005 and will process upwards of 138,000 specimens a year. The system was funded through the Public Health Emergency Preparedness Response federal grant. Future funding for the LIMS coordinator is in question as federal funds for emergency preparedness are reallocated. A strategy to find a stable source of funding for this position will be needed in the upcoming biennium.

Themes for 07-09

Web-based assessment tools

VistaPHw and EpiQMS are two web-based community health assessment tools that have been used by local health jurisdictions and the agency's programs. These tools provide health status indicators in a faster, user friendly way that allows for more charts and maps than what is possible with computer programming. New environments, technological upgrades and software rewrites or perhaps, software development, are needed to assure that tools such as these remain available to public health professionals.

Tracking Trends and Identifying Health Risks

Community health assessment (CHA) is the work conducted by local health jurisdictions to understand the health of their communities and to plan strategies for health improvement tailored to local needs. Ultimately, CHA is the foundation on which elected officials and communities can know that public health dollars are being invested in the right areas to address key health risks and improve population health.

The agency provides a range of products and services to local health agencies to support their capacity to use CHA for local health planning, including a wide array of data (e.g., vital records, BRFSS, Healthy Youth Survey), tools to access and analyze data (e.g., Vista, EpiQMS), technical assistance and consultation, standards and guidelines for data analysis, and training and other learning resources. Provision of CHA support to LHJs is a priority because strong CHA practice in LHJs should lead to local public health activities that are more closely aligned with local health needs, resulting in improved community health.

Over the past decade, investments in CHA capacity have strengthened system-wide performance on this public health function, but critical gaps remain. Two key CHA data sources (BRFSS and HYS) are heavily reliant on tobacco settlement funds and face significant budget challenges in the near future.

Planning is underway on future development of data tools to support the work of CHA, but funding to support this future development remains uncertain. DOH has made key investments in CHA training, tools, and learning resources through a federal grant in recent years, but the funding will expire in September 2007. Ensuring on-going infrastructure and support for CHA will depend upon identification of new resources for these activities in the next biennium.

The Non-Infectious Conditions Epidemiology Office (NICE) provides technical epidemiologic and statistical assistance for ongoing surveillance and research activities related to non-infectious conditions such as chronic disease, injury and related risk factors, and environmental health risk factors such as water contamination.

Themes for 07-09

NICE provides technical assistance primarily to other agency programs, local health jurisdictions, and other state and local agencies. Current examples of technical assistance requiring a relatively large portion of NICE's resources include supporting and providing leadership for specific components of the Washington Adult Health Survey, the Healthy Youth Survey, and Washington Environmental Public Health Tracking Network. Due to resource constraints, NICE triages requests for assistance.

See Appendix 4 for a list of reports compiled from this data

Prevention and Healthy Behaviors

As part of Governor Gregoire's focus on health, the Healthy Washington Work Group led by the department focuses on five prevention-related key issues:

- Overweight/obesity (primarily in schools)
- Tobacco prevention
- Access to a medical home that links with immunizations and chronic disease management.
- Coordinated School Health
- Environmental toxins with links to early learning elements such as brain development

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An over arching goal will be to address health disparities throughout the state. While much of the data exists in its system, DOH lacks adequate resources to analyze this information. As a result, some segments of the state's population may not be receiving adequate attention.

Health disparities range from access to acute health care to education on healthy behaviors such as smoking cessation, improved nutrition and exercise. This is also a top concern of the governor's health agenda and, in part, is a key driver of the Healthy Washington initiative.

Health disparities also have a tremendous effect on health care resources. Low-income people without access to regular care often end up very sick in hospital emergency rooms.

Establishing a variety of partnerships and enhancing those that are currently in place is a critical strategy. The agency must give more attention to building its relationships across agency lines, particularly with those agencies whose work is closely aligned to ours such as the Health Care Authority, the Department of Social and Health Services and OSPI. These alignments will help all of us stretch our resources as well as avoid duplication of efforts.

Themes for 07-09

The agency needs to increase the awareness of individuals and communities about behaviors that promote personal health. This includes promoting increased participation in disease screening and positive health behaviors, as well as partnering with communities to develop healthy environments.

Behavior changes or disease treatments that promote healthy births also promote healthy women across their lifespan. Improved prenatal care, including screening for HIV, tobacco and alcohol use, will result in more pregnant women receiving needed interventions.

Strategies include:

- Monitoring pregnant women for tobacco use and providing an insurance benefit for tobacco counseling
- Enhancing provider involvement in smoking cessation interventions and HIV testing.

A challenge here is that starting screening and intervention during pregnancy may be too late to be successful. Our future focus is to work with providers to screen and intervene with women prior to pregnancy.

The WIC Nutrition Program provides direct food aid through the use of a food voucher, education and service referral for low income pregnant women and children under five. The program uses a training strategy to improve accountability with retailers who sell WIC foods to assure that only approved foods are sold. Currently the training is conducted through the mail and in person. The department is exploring Web- based training and other programs used successfully by the retail industry to train store checkers.

Childhood immunization rates continue to be both a success and challenge. Rates slowly increase each year, but still remain below the national average. A major focus to increase rates is promoting the use of the state's Immunization Registry, which enables health care providers to accurately record immunizations given. Other major efforts include making varicella vaccine a childcare and school entry requirement and conducting a 4th DTaP (Diptheria, Tetanus and Pertussis) education and media initiative.

Other strategies include:

- A direct mail campaign for parents.
- Promotion of best practice to providers.
- Mass media campaigns.
- Provision of the vaccines.

Changes in the manufacturing of vaccines and new vaccine recommendations continue to present fiscal and policy challenges.

Themes for 07-09

Reproductive Health and STD issues necessitate coordination of initiatives and programs targeting unintended and teen pregnancy, sexually transmitted diseases, HIV, sexual abstinence and family planning. Existing systems are being expanded by funding current contactors to get contraception to non-citizen women in several counties to reduce unintended births.

Washington has experienced a slight increase in the number of tuberculosis cases. Our number of cases for people born outside of the United States is above the national average. The state Public Health Laboratory (PHL) performs a Mycobacterium Tuberculosis Direct Test (MTD) on all specimens that are initially positive This assists in decreasing the time to determine positive cases and allows prompt initiation of treatment for suspect TB cases.

Challenges facing the agency include the high proportion of TB patients living under poverty thresholds who are from diverse backgrounds, as well as the transient life of many individuals at high risk for infection. This increases the cost of treatment due to the need for translation services and housing assistance.

Research shows the link between physical activity and reduced chronic disease. The Nutrition and Physical Activity Program (NPA) is working with statewide coalitions to support efforts that create awareness, partnerships, and statewide capacity to promote physical activity. The Active Community Environments and Healthy Communities work has been implemented in 17 counties. Data suggests that barriers that limit physical activity are being reduced in communities across the state.

The Governor has directed (http://www.governor.wa.gov/actions/orders/dir_06_03.pdf) DOH and the Health Care Authority to co-lead Washington Wellness Works. This initiative will bring together a planned, evidenced based approach to state employee/retiree wellness efforts. DOH is co-facilitating with the Health Care Authority the Health and Productivity leadership committee and the operations group that is developing the comprehensive approach for all of state government. In the future, all agencies will build efforts for staff based on the data from the Health Risk Assessment that will be launched in July. This is a shift away from exclusive use of "event of the day" efforts such as fun runs and blood pressure events. Although these are fun and motivating, evidence shows that these one time events do not lead to behavior change

As part of the initiative, DOH will be establishing a position to coordinate the DOH wellness efforts. Each building with DOH staff will have a wellness committee that will come together as an agency Health and Productivity Committee to plan the efforts for DOH.

The Tobacco Prevention and Control program seeks reductions in youth and adult smoking rates in Washington and results so far are encouraging. The program's comprehensive nature which includes prevention education in schools, cessation help for smokers and public policy initiatives to reduce smoking in public is successful. Because smoking rates have dropped considerably, it will be more difficult to show future gains in this area simply because there are already fewer smokers.

Themes for 07-09

Funds for the tobacco prevention program will drop significantly in late 2009 to early 2010 when monies in the tobacco control fund are depleted. A challenge for 07-09 biennium will be to develop a plan to replace those funds. Without this, the program will be funded through other sources at a local level, meaning that prevention efforts will be inconsistent. Experience from other states has shown that without a fully funded comprehensive program smoking rates will climb as will smoking-related health problems.

The department's other challenge is that much of its success must be measured over long periods of time. Some health outcomes may not be apparent for several years.

To improve quality of health care, the agency will build in a stronger peer review and a patient safety and quality improvement system in hospitals that can lead to earlier identification of poor system performance. In coordination with our hospital partners, the agency supports many quality improvement initiatives including:

- The 100,000 Lives Campaign aimed at reducing the most common sources of patient deaths.
- Rural hospital quality improvement efforts.
- Increased reporting of quality indicators such as Medicare Compare.

Early results from the rural hospital quality improvement project on compliance with heart failure procedures shows significant room for improvement. Grant funding is supporting intervention and re-measurement to track progress on improvement. Continued support and attention are needed to raise rural hospital performance on these measures.

The Office of EMS and Trauma System currently supports injury prevention activities in areas such as motor vehicle crashes (e.g., aggressive driving, drunk driving, seat belt use), bicycle and pedestrian safety, falls in the elderly, domestic violence and sexual assault, and poisoning. To assure effective use of injury prevention funds, DOH is supporting training for local programs in how to evaluate injury prevention programs and how to select evidence-based interventions.

In early 2006, injury prevention resources from the Community and Family Health Division were integrated into the Office of EMS and Trauma System. Improved collaboration and coordination are expected to increase the agency's capacity to plan and conduct injury prevention activities.

The development of injury prevention performance goals is a priority.

Protection

One of the primary ways the agency advances public health is through its protection activities. These protection activities fall primarily to the divisions of Environmental Health (EH) and Health Systems Quality Assurance (HSQA).

Both divisions take the same basic approach to public protection:

- Screen applicants to assure they meet minimum qualifications (licensing commercial shellfish operations, certifying water system operators, credentialing health care providers and facilities).
- Standard setting to assure that minimum standards are being met.
- Enforcement when standards are not maintained.
- Providing the public with information to make good choices.

Health Systems Quality Assurance

HSQA protects patient safety through its regulation of health care facilities and providers. The division works in partnership with 12 boards, four commissions, and 10 advisory committees to regulate 59 health care professions. In recent years, the statutory scheme has posed challenges to the agency's ability to conduct investigations and complete disciplinary actions in a timely manner.

Screening: The agency continues to receive more and more applications from health care providers licensed in other states. These additional applications will help Washington address shortages in many health areas such as nursing, occupational therapy and dentistry. However, patient safety remains the preeminent concern. In the 2006 legislative session, the legislature authorized the department to expend funds on national data bank checks for all new applicants. These checks will allow the department to determine whether or not applicants from other jurisdictions have had disciplinary actions. It is a firm step toward increasing patient safety. As Governor Gregoire noted in her recent directive, the next step will be to study and implement some level of national criminal background checks.

Standard Setting: Once a provider or facility is authorized to provide services in Washington, the agency is responsible for setting the standards for that practice and for assuring that the standards are met. Its role in inspecting facilities is one of the primary ways DOH prevents harm to patients. In 2005, legislative action required that the agency inspects every hospital (96) in Washington on an average of every 18 months, a standard the agency continues to meet. Likewise, the rules regulating the practice of each health care profession also serve to prevent harm to patients. Of most significance during this biennium is the effort to adopt standard sexual

misconduct rules across all professions. These rules are expected to be fully adopted by all professions by the end of 2007.

Enforcement: The past biennium has seen a growing number of complex complaints, investigations and disciplinary actions. The legislature recognized that staffing and other resources have not kept up with the workload and provided some relief by allotting additional resources.

The agency has made many process improvements in the last biennium. While meeting many performance targets, meeting timeliness improvement targets continues to be problematic. This is in large part because of inadequate numbers of trained, experienced staff. Difficulty in hiring and retention contribute to this problem.

HB 2974, passed in the 2006 session of the Legislature, directs the department to identify a "baseline" level of resources, or resource formula, for addressing cases with improved quality and timeliness. Likewise, a 2006 budget proviso requires the department to examine alternate strategies for funding health professions licensing and regulation. The goal is for the legislature to provide spending authority through a predictable caseload driven formula, working within the continued positive balance in the Health Professions O2G Account.

Improvements to the adjudicative process means that DOH is able to take quicker and stronger actions against health care professionals who are out of compliance with safety or health regulations. Other improvements for the agency include expedited hearings and emergency case management teams. These teams have taken more actions in the past year than in the previous biennium. A diligent review of the entire disciplinary process is underway.

Public Information: As public access to information has increased via the Provider Credential Search website and media focus on health care professionals, the agency has found the public to be interested in more detailed information about its health care providers and facilities. It is responding to the interest through increased press releases, orders written in "plain talk" and re-emphasis on openness in public disclosure processes.

Infrastructure: One of public health's often overlooked roles is to assure access to essential health services. Many rural and underserved urban communities work to be sure that primary health care is available and accessible to them. Through community development work, the agency evaluates how to provide care to everyone. This process has led to the placement of 187 health care providers and the creation of four critical access hospitals from July 1, 2004 to June 20, 2005, as well as 11 additional certified rural health clinics.

HSQA is rich with data on everything from providers to facilities to community needs. However, data has been difficult to retrieve because the five legacy systems currently in use require data to be manually moved from one system to another. Having more timely data from the new Integrated Licensing and Regulatory System (ILRS) will improve information about health care

systems and the agency's ability to retrieve the data. But such an improvement will lead to a greater need for people who can both gather and evaluate the information.

These legacy systems weaken DOH's ability to protect the public. Because these systems do not "speak" to each other, the agency has difficulties identifying providers who have multiple credentials or at matching providers with the health care facilities in which they practice. ILRS will make it easier for DOH to track disciplinary actions across the agency and take a more systemic approach to patient safety responsibilities. The system is on track to be fully implemented early in the 2007-2009 biennium.

In conjunction with the Governor-appointed EMS and Trauma System Steering Committee, DOH is undertaking a long-range planning to improve EMS and trauma systems in Washington. In addition, an effort to establish a statewide EMS information system is well underway. An external Emergency Cardiac and Stroke Advisory Committee is examining systems issues and identifying areas for improvement.

Inadequate funding for emergency and trauma care continues to create pressure on the agency's partners. Continued hospital participation in the trauma system requires the commitment and support of community physicians. High-cost medical liability insurance and low physician reimbursement rates are leading to less physician involvement. Physicians are more often demanding on-call pay from hospitals. Many rural EMS agencies continue to rely on inadequate local funding to support their operations; long-term financial viability of rural EMS agencies remains a concern.

The in-hospital mortality rate for major trauma patients continues to decline, decreasing from 18 percent in 2004 to 16.6 percent in 2005.The percentage of complaint investigations completed on time increased from 75.5 percent in 2004 to 82.7 percent in 2005.

Environmental Health

The Division of Environmental Health protects people's health by reducing exposures to environmental hazards. The division protects public health by assuring safe and reliable drinking water, safe and edible food and shellfish, preventing contact with sewage and disease-spreading insects or animals, assessing toxins in the environment, overseeing the proper use and handling of ionizing radiation sources, and providing information to the public so that they can make informed decisions. The Safe Drinking Water Act, Federal Drug Administration Model Food Code, US Nuclear Regulatory Commission, National Shellfish Sanitation Program, and other federal and state laws provide the requirements associated with these functions.

Water Quality: The Governor's Puget Sound Initiative (http://www.psat.wa.gov/News/press_info/ps_initiative_121905.htm) places a priority on many of the agency's water quality activities that protect public health and support the commercial and

recreational use of Puget Sound. The Puget Sound Partnership found that 97 percent of the public believes that "a clean Sound is a legacy we must leave to our children."

Commercial shellfish harvesting within Washington State is the largest in the nation. The division monitors 94 shellfish growing areas and licenses 325 commercial shellfish operations. Maintaining and assuring water quality will directly impact whether or not the state can maintain a stable and viable shellfish industry. Recreational shellfish harvesting in and around the Puget Sound is also a highly valued priority for many of our residents.

The agency's water quality activities include ensuring shellfish are safe to eat. The agency also works with local health jurisdictions to improve onsite sewage system operation and maintenance and to review onsite system plans and new technologies for onsite systems. DOH also monitors and inspects drinking water systems, issuing drinking water health advisories when necessary, and certifying public water system operators.

Currently there are approximately 500,000 onsite sewage systems located in Puget Sound region, processing 175 million gallons of sewage effluent per day. With the anticipated population growth, the agency expects another 225,000 onsite sewage systems within the Puget Sound region. Its Wastewater Management and Shellfish Programs and local health partners face significant resource shortfalls to address the current issues associated with these onsite sewage systems, let alone the anticipated issues that will emerge as our shorelines continue to be developed. Specific challenges include:

- Continued coordination and collaboration with the Puget Sound Partnership and Puget Sound Action Team to address critical water quality issues associate with onsite sewage disposal, and overall shellfish protection efforts;
- Support for local health operation and maintenance programs for onsite sewage,
- Ability and capacity to review new onsite sewage technologies;
- Program capacity to implement reclaimed water/grey water program activities;
- Program capacity to ensure all communities are provided with safe and reliable drinking water

Toxins in the Environment: As population and commerce grow, we will also be challenged to address toxins, which can have a detrimental effect on human health. Toxins are ubiquitous in the environment. DOH works to assess the levels and health risks of environmental toxins. A particular focus for its future activities is to evaluate the effect of toxins in the environment on children. Compared to adults, children have a disproportionate impact from toxins in their bodies. Because children are smaller and have growing and developing bodies, they are more vulnerable to environmental risks.

A key activity in this area is the agency's partnership with the Department of Ecology (Ecology) to assess and evaluate known and emerging environmental contaminants.

Themes for 07-09

Our challenges for the future include:

- Program capacity to assess and evaluate emerging environmental toxins,
- Program capacity to implement viable and effective programs to address toxins and other emerging environmental health hazards associated with school environments
- Program capacity to develop and write clear public health messages on complex issues.

Preparedness, Response, and Recovery

The Public Health Emergency Preparedness and Response (PHEPR) program reaches across public health disciplines and emphasizes the need for comprehensive partnership planning. The agency partners with other state, regional and local members of the Governor's Domestic Security Evaluation Group, the State Emergency Management Council and the State Committee on Homeland Security. The agency's participation on these committees assures consistent coordination, and regular ongoing planning efforts are undertaken with the Washington State Military Department/ Emergency Management Division in regard to all state-level emergency preparedness and response plans, including pan flu response plans.

DOH provides the health-related leadership for state-wide all-hazard planning activities in accordance with National Incident Management System (NIMS) and the National Response Plan, and will continue to use the Emergency Support Function (ESF 8) structure in the National Response Plan and the Comprehensive Emergency Management Plan (CEMP). The plan includes specific disease appendixes (e.g., Pandemic Influenza) to guide, coordinate, and integrate statewide health-related emergency preparedness and response activities.

The agency has worked successfully during the past four years to assure that its partners and the activities which they undertake are closely tied to the Washington State public health emergency preparedness and response activities. DOH's work, including coordination with hospitals, community health centers, and other health providers, is an integral part of complete emergency preparedness and response activities, including pandemic flu response activities. All activities support the four PHEPR goals that were developed with partners:

- Responding appropriately and effectively to emergency incidents
- Assuring effective disease surveillance systems are in place statewide
- Developing surge capacity for health system response
- Increasing internal and external awareness of public health threats and our activities

Being prepared for emergencies is a steady process of planning, exercising, evaluating, and making appropriate adjustments to improve plans and procedures. The state and each local health jurisdiction exercises some part of their over all preparedness and response plan to determine

gaps and need for improvement. Based on the results of these exercises, after-action reports are drafted to determine a timeline for improvements ands whether more training is needed. DOH is required to report progress on PHEPR activities regularly to both the Centers for Disease Control and Prevention and Health Resources Services Administration. Information gleaned from local health jurisdictions' semi-annual progress reports and state specific activities are also submitted to these agencies. Data for current federal metrics and measures is captured semi-annually.

The PHEPR program recommends that these additional strategies are included:

- Sustainable funding for state and local health care providers and responders. Without proper funding planning will be incomplete, there will be fewer exercise and many responders will have inadequate equipment.

- Changes in current legislation to make it easier to recruit health care volunteers such as physicians and nurses. Work also needs to be done on predicting the actual numbers of volunteers needed.

- More guidance regarding antivirals and related pharmaceuticals distributed by the federal government. Also, staffing distribution sites with trained volunteers is difficult due to liability concerns.

A coordinated response between multiple regional and federal agencies will be needed to address the challenges of emergency preparedness and response including pandemic influenza. DOH has already completed a Pandemic Flu Response Plan, and is developing a contingency plan for a

reduced workforce in the event a pandemic occurs. The agency is also sharing pandemic flu planning expertise with other agencies and partners.

Public Health System

The public health system is a shared responsibility of state and local government. For most aspects of public health practice, local government has the lead role, so the Department of Health role is often to provide support to local government. (See Appendix 1)

It does this by providing expertise and assistance when there is a public health problem, such as laboratory services, epidemiology, or assistance with investigating an environmental health threat. The amount of help needed depends on the capacity at the local level – and that varies widely among the 35 local health departments.

The department also oversees performance by local health departments where there is a contract for services using state or federal dollars. This oversight is limited to specific programs

In addition, the agency provides coordination and communication to help the whole system function smoothly, and to assure best interventions and materials are used. In this role, the department is a partner, in a leadership role, facilitating the coordination of action and policy direction among many state and local agencies working to improve public health. The strategies for the coming biennium are targeted to this role, focused on getting improved results from the system as a whole, primarily through the collaborative efforts of the Public Health Improvement Partnership (Washington State – Public Health Improvement Partnership, www.doh.wa.gov/phip)

The Public Health Improvement Partnership has a two-year work plan developed by state and local health officials, with 20 separate objectives to be completed by July 2007. A new work plan for the 07-09 biennium will be prepared in the spring of 2007. Among these, is consistent focus on improving and documenting how well the public health system works. A new work plan for the 07-09 biennium will be prepared in the spring of 2007.

The objectives include:

- **Refining performance standards (http://www.doh.wa.gov/PHIP/standards_for_public_Health_in_washington_state.htm):** This biennium, the agency will refine performance measures based on the past three full-measurement cycle results and will prepare for a fourth measurement cycle in 2008. It will conduct statewide training for local health jurisdictions in preparation for self-assessment and on-site reviews in the coming months. In the past measurement cycle, significant improvements were noted for seven areas of local health department performance, including gains in assessment, communicable disease and access. However, the gains were made in measures that still show less than 50 percent of health departments meeting the standards, so there is considerable room left for improvement. Among its programs, significant gains were made in four measures (in communicable disease, health promotion and access), but there is still considerable room for improvement by 2007.

- **Improving program measures and evaluation:** Most efforts to improve scores in the next measurement cycle will focus on setting clear program goals, objectives and evaluation methods. This will be done through a local collaborative as well as through special consultations and training.

- **Selecting health indicators:** The next standards measurement cycle will include a view of county-specific health indicators. The strategy is to systematically review and track health status indicators in order to evaluate what actions could or should be taken in order to improve health status. In some cases, the health department may be able to target change. More often, the needed action lies outside the scope or authority of the health department, but highlighting the problem can lay the foundation for local efforts

to bring about change. The selection of indicators will be made by state and local health officials and is a difficult task. Local, county-level, data is often difficult to obtain and the available data have limitations, especially for small populations. Report card on health is an important source for this effort, http://www.doh.wa.gov/PHIP/reportcard/default.htm.

- **Standardizing purchase and use of information-technology:** Managing health information requires electronic tools for storing and analyzing data and the ability to transfer data between state and local offices. In public health, establishing a strong information-infrastructure is made especially difficult because there is no central authority; 35 local governments make independent decisions to purchase hardware and software. The partnership strategy is to establish an oversight board that can guide investments so that hardware and software is compatible, and so that analytic tools and training become standard across the field.

Public health resources have been very de-centralized historically. We have a limited capacity to provide statewide coordination, yet coordination and statewide communication are essential to improve public health services and to get the best results from available resources. Additional resources would be needed to realize the potential for system-wide improvements, including enhancing the support for performance measurement and for the strategies outlined by the public health improvement partnership.

Basic service capacity in local public health is very limited. We estimate that financial resources would need to roughly double to establish a fully-functioning public health system. In addition, local agencies face decreasing resources and increasing demands. Much available funding is restricted in its use – as categorical program funds or as revenue from specific licenses and permits. Restricted funds cannot be used to address high-priority or emerging problems.

For example, disease control costs can outstrip a local budget quickly. Responding to a case of TB is the responsibility of the local government. An average case can cost over $30,000 to address, and if the disease is drug resistant and if the client is not cooperative, the costs can soar to many times that to cover special drugs, restrictive housing and legal costs. Similarly, a disease outbreak, say multiple cases of pertussis or a widespread food bourn illness, can keep staff completely occupied for weeks at a time, leaving little capacity to address other on-going responsibilities.

One reason that public health is under-funded is that there is no financial plan for the system. Each county sets its own level of local funding. Additional funds are a patch work of grants and special-use dollars. All funds are volatile: rising or falling on an annual basis depending on many factors that affect local, state and federal priorities. The Joint Select Committee on Public Health Finance (HCR 4410, http://www.wacounties.org/wsalpho/Workbook%207%20-%20Final.pdf) is evaluating the need to develop a secure and stable source of funding for the public health system. We have assisted the committee by providing specific actions that should be taken, and the cost

of each action. The information will help the Committee decide what financing strategies it will recommend to the legislature in 2007.

The priorities for improvement include strengthening communicable disease response, increasing resources dedicated to interrupting the rise in costly chronic disease and making a significant investment in early intervention for families at risk. If adequate resources are established, we could see significant and measurable gains in these areas. If capacity is not increased we expect to see increased emerging diseases and health problems.

Leadership/Administration/Performance Accountability

Leadership Development

Developing leadership is critical for the long –term management of the agency. We need to add depth to the agency's management staff and create more opportunities for employees to grow professionally.

The value of training and development to the current organization and management is clear. Given the degree of change in public health, leadership skills in change management need to be at the top of the list. Training and development is also an important part of emergency planning and preparation. In a worst-case scenario of an outbreak of pandemic flu up to 30 percent of agency staff could be out for several months. In order to keep the core functions of the agency operating managers and other staff will need to be cross trained and able to be flexible in different roles.

To meet this challenge the agency continues to conduct management and leadership work sessions, access offerings through both DOP and DOH's learning management system SmartPH, (https://fortress.wa.gov/doh/smartph//), the Public Health Leadership Institute (http://www.phli.org/), as well as Harvard & Cascade Institute programs. We also use emergency preparedness drills and exercises as a training device, putting staff through scenarios to practice in teams and in assigned roles. Most senior leaders and middle managers in the agency have attended or are attending advanced leadership training. Continued participation hinges on the budget and the ability to spare extended time away from daily responsibilities.

In the second year of the biennium, the Human Resource Management System implementation will enable DOH to focus on better aligning human resource practices with the agency's goals and objectives.

Communications and Customer Service

Providing clear, accurate and compelling information is one the most important tools DOH uses to achieve its results. The second year of the biennium will focus on improving web-based

services. The agency will also look for improvements in the way it communicates the agency's strategic direction both inside and outside the department.

Similarly, the second year will focus on reaching out to our partners for information on how to improve our programs. This will particularly be true for partners who work with us to reduce health disparities.

Performance Management

The 05-07 biennium is yielding a marked improvement in an already successful set of approaches to performance improvement. The focus is to integrate POG, GMAP, Strategic Planning, PHIP goals and standards, the Activity Inventory portion of the budget, the DOH Public Health Program Alignment, quality improvement work, CDC Goals, Performance Audits and JLARC recommendations into a comprehensive, understandable, reasonable plan and set of practices with realistic and meaningful measures

There has been excellent work around GMAP at the Governor's GMAP Health Forum, the Senior Management Team and in parts of the agency. The Senior Management Team and each division schedules regular GMAP sessions and uses the results to improve performance. The challenge is to be consistently robust in the use of these tools throughout the agency. Next biennium the focus will be on finding ways to take performance management to the public more effectively.

The Department, along with all local public health agencies, conducts an assessment every three years against the PHIP Standards. This biennium the focus is on having plans to improve in major administrative and program areas where the department or programs fell short. DOH is also working with local public health to ensure a common understanding of how to develop goals, objectives, and measures throughout the public health system. And while DOH has several years experience with the Baldrige criteria and many quality improvement activities underway, the quality improvement program itself will be revised in the second year of the biennium. This is, in part, to prepare for the self assessment required under HB 1970. Department of Health is one of the first agencies to participate in a Washington State Auditor-

focused performance audit. Some of the emerging audit issues are new to the agency and thus carry a greater degree of uncertainty.

Facilities

The successful consolidation of Thurston County operations into the Tumwater campus is complete this biennium. For the future, agency needs to manage its long-term financing plan for its Tumwater-based leased buildings. One additional goal is to both maintain the Public Health Laboratory and deliver on improvements that will keep it state of the art and for the protection of the staff and community. Next biennium DOH will adopt a uniform approach to financing its regional office needs.

Public Disclosure

The agency needs to evaluate its public records and public disclosure system to ensure that it continues to conform to state law. It must also address capacity. The number and complexity of requests are outstripping its capacity to respond. The backlog continues to grow and wait times are reaching or, at times, exceeding acceptable levels. This is creating a liability and credibility issue for the agency. The current focus is on reducing the backlog and reviewing the level of redaction.

Open government proposals are getting more and more attention, but the agency's system isn't responding at the level the public demands. We must carefully monitor privacy protections as federal laws change and electronic data system replace paper system. Data security becomes more critical as the ability to transfer massive amounts of information quickly becomes very easy.

The Office of Financial Management has launched a huge undertaking to upgrade and consolidate the "back office" activities in state government, as well as implement a number of executive orders and directives with respect to how agencies operate. One such effort is "Road Map" and includes the HRMS conversion, a revision of the state's budget and accounting systems, the development and opening of business portals and other means of interacting with state agencies.

These efforts will stretch the agency's capacity severely. There are typically no additional funds to offset the demand for staff participation and system upgrades. Funding and support for enterprise wide state business functions are limited. These efforts also create change in the work environment, and issues of change management need to be understood and provided for.

We will continue to work hard at keeping a good reputation as a team player and innovator. How well the department can keep up with the degree and scale of change, and support the cost is yet to be seen, particularly as it deals with the challenge of reduced federal funds.

Themes for 07-09

Public Health Laboratory Addition

Since the Public Health Laboratories were constructed in 1985, there have been continuing increases in the prevalence of highly virulent and drug resistant bacteria, viruses and other pathogenic organisms, especially those categorized as "newly emergent diseases" such as hanta virus, SARS and the possibility of an influenza pandemic from an avian virus. In addition, since the events of 9/11, the threat of biological, chemical or radiological terrorism has increased substantially.

Planning is underway to design and build specialized facilities to safely receive and identify hazardous human pathogens and environmental or other laboratory samples, including special facilities for the handling of high-risk samples received as the result of bioterrorist events or environmental accidents.

Occupational Health

The nature of the work performed by employees at the Public Health Laboratory (PHL) requires that an Occupational Health Plan be implemented in the laboratory. In addition to employees performing potentially hazardous work, the laboratory is required to meet federal and state safety standards as well as the safety requirements of several laboratory accrediting organizations. The PHL is challenged in terms of the resources and the expertise to perform the activities involved in a formal Occupational Health plan and program. A comprehensive occupational health plan is critical to ensuring that staff is fully prepared to respond to current and future public health emergencies.

Strengths, Weaknesses, Opportunities and Threats

This section builds upon the external operating environment and public health themes to provide an analysis that identifies the strengths, weaknesses, opportunities and threats faced by the Department of Health and other public health organizations in the state.

Strengths

Leadership: Washington's Department of Health has a national reputation for quality programs and is looked to for innovative and cutting edge applications of public health science. Building relationships and collaborating with public health partners and other national, statewide and community organizations is a particular strength. The department is generally well-regarded as a reliable partner rather than a heavy-handed state agency.

Affiliations: The Department benefits from additional leadership and expertise through the services of the members of its 12 affiliated boards, 4 commissions, and numerous advisory committees. These individuals, professional health care providers and public members alike, bring real world experience and knowledge as they assist the Department in addressing emerging issues.

Inclusiveness: The Department of Health's approach ensures the inclusion of stakeholders, affected parties, communities and the general public in its work. This approach extends to diverse communities and can be seen in publications like the Health of Washington State (http://www.doh.wa.gov/HWS/default.htm), the agency's collaborative partnerships, and its work with Tribes and other unique or special population groups.

Disease Surveillance: The department has a nationally-recognized disease surveillance and response system. Department staff has been deeply involved in enhancing the state's capacity to respond to changing health threats and bioterrorism events.

All Hazard Response: The agency has created and maintains a regional network to respond to any public health emergency, from natural disasters to acts of biological, chemical and radiological terrorism. Planning regions link public health to first responders, hospitals, Tribes, law enforcement and health care service providers.

Planning: The Department of Health has received national attention for the planning and development of workforce competencies and performance standards contained in the Public Health Improvement Partnership (PHIP, http://www.doh.wa.gov/PHIP/default.htm) plan. This is a collaborative initiative of state and local health partners led by the department**.** This continually-evolving effort allows state and local health agencies to address workforce development, internal capacity, financial management, and performance related to key areas of public health service.

Communication: The department is successful in the above areas because of its strong commitment to communication, including support for effective state/local electronic links, a

Web site for public access, internal and inter-agency information sharing, and relevant, timely health education messages routinely delivered through the media.

Weaknesses

Clarity of Authority: Three primary entities comprise the public health system in Washington: the State Department of Health (DOH), the State Board of Health (SBOH), and Local Health Jurisdictions (LHJ). Each of these entities has various authorities to develop, administer, or implement policy. Roles and responsibilities are diffused and much accountability decentralized. The department does not exercise command and control authority over the local entities, although it has some authority for rulemaking in specific areas. The state board adopts rules, but does not have an implementation role. In some programs the department administers and provides oversight, while the actual work is performed at the local level. Confusion by the public and policy makers over these roles sometimes leads to calls for action that any of the three partners may lack specific authority to take. As the public's awareness of current and emerging public health threats increases, the state is increasingly expected to step in and "fix" public health problems, and is criticized when that does not happen.

Communication: Two factors have complicated improvements in communications: expansion of the types of business in which the agency is engaged and exponential growth in the information sources and technology available. The business has grown as a result of new science, emerging or re-emerging diseases, global terrorism, federal mandates, expansion of caseloads, and public expectations. Communicating about and integrating such exponential change has taxed the organization. Information technology has allowed access by millions to massive amounts of information from all over the world. Providing timely and accurate health information that is thoughtfully developed with attention to both science and policy implications to staff, partners and the public is a constant challenge for the agency.

Limitations Imposed by Law: Current licensing and discipline processes have been built on a model of full and elaborate due process for all. There is a need to explore and use alternative discipline processes to address all concerns while still promptly addressing both serious and less serious problems. To do so will require legislative changes.

Workforce Management: The agency mirrors workforce challenges that exist throughout the public health system. The department has a 17% retirement eligible rate, with little in place to provide options for succession planning. Human Resources is working to expand its recruitment outreach to identify more competent and diverse candidate pools. More work and dedicated resources are needed in this area.

Opportunities

The Fragility of the Public Health Network: The public health network is very fragile, supported in piecemeal fashion by local, state and federal funds without a reliable, core support

for overall protection. The net result is that basic public health services have diminished in recent years and most programs are only marginally funded. The department relies on local government to carry out a broad range of essential public health services. County government budgets are under terrific pressure and many core services are being reduced. The amount of funding per capita varies radically from one county to the next. Categorical funding creates instability in the system with year-to-year fluctuations in funding and restrictive spending requirements. In public health, the level of public protection is only as strong as what the weakest local organization can deliver. The concern is that a disease outbreak or public health emergency will happen in a resource-poor locality which lacks the capacity to fully contain it. The challenge is to determine how to establish stable and sufficient funding and delivery of services across all Washington communities.

Meeting Public Expectations forAssuring Patient Safety: The department oversees 57 health professions. Each is licensed, registered or certified. Thirty-four professions have separate boards with specific and separate statutory authority over practitioners, while the remaining 23 are governed by the secretary of health. The authority to sanction providers for problems in their practice rests with the disciplinary authority and relies on careful investigation of the allegations and evidence in each case. The public demands a high level of accountability for health care practice in order to be confident that health care is safe. The role of the disciplinary authority is to protect the public by removing unsafe practitioners and assuring they do not return to practice unless and until they can safely and appropriately provide care. Our disciplinary issues have become increasingly litigious, time-consuming, staff-intensive and costly. This creates a serious challenge for the agency in assuring the public is protected.

Adapting to Population Shifts: As the population becomes more diverse, the health system must adapt to meet the needs of the people it serves. Translation services will be needed for more products and services in a variety of new languages. Attention must be paid to identifying health disparities and developing efforts that will close the gap. Recruitment of health professionals needs to be geared to creating greater diversity in the workforce.

Prevention Strategies to Improve Health: Half of all premature deaths in Washington are caused by preventable diseases. Smoking, poor nutrition, and physical inactivity cause preventable diseases. Disease prevention eliminates both human suffering and the high cost of medical care associated with these diseases. The challenge is to develop and sustain a commitment to prevention strategies. While the payoff is potentially great, it takes time, consistent effort and resources to bring about changes in knowledge, behavior and policy.

Environmental Issues: West Nile Virus and other diseases transmitted from animals to humans (zoonotic diseases), global trade in food, treatment-resistant microbes, neurological toxins in the environment, and the potential for chemical and biological terrorism, each presents major challenges for environmental health. Local environmental health has too often become narrowly focused on fee-based regulatory and permitting programs and the ensuing debate about regulatory requirements. Underlying public health concerns are often addressed last, if at all.

Strengths, Weaknesses, Opportunities and Threats

According to the U.S. Centers for Disease Control and Prevention, basic traditional environmental health programs – monitoring and regulation of public water supplies, sewage systems and food quality – directly contributed to the 30-year increase in life expectancy that occurred between 1900 and 1998. As demographics continue to change, as science continues to monitor for more toxins in smaller amounts, and as society continues to expect basic environmental health protection, the capacity of environmental health professionals at the local and state levels will continue to be challenged.

Workforce Management: The department has opportunities to identify staff who will retire in the next few years and to use their expertise and experience to mentor other employees and to download their historical references and experiences. The department also has opportunities to identify retiring staff who would like to work on projects or other short term efforts after they retire.

Threats

Shared Authority in Washington's Public Health Network: Washington State has a long tradition of decentralized authority and delivery of government services, and public health is no exception. The Secretary of the Department of Health can provide "general direction" to local public health agencies, but the authority to intervene directly with many local public health issues is generally limited to emergency situations. As the public's awareness of emerging health threats increases, it becomes increasingly likely the state will be expected to step in and fix public health problems, and be criticized when that does not happen. This is sometimes articulated as a failure of the department to take advantage of its policy development authority. On the other hand, any discussion of strengthening the state's policy or operational authority and thereby diminishing local autonomy raises significant local opposition and concern. This dynamic is exascerbated by the absence of agreed to and required system-wide performance standards.

Surge Capacity: The demands on the public health system increased substantially after 9/11 with the public and policy makers paying increased attention to the department's capacity and performance. The ability to respond quickly to a crisis has become more important than ever. As a public health partner, the department finds itself increasingly under the control of federal directives. Even with the infusion of substantial federal funds to develop response plans and equip for emergencies, there is a dearth of basic capacity that pre-dates this recent attention to emergency public health services. Several recent non-public health events have highlighted just how little response, or surge capacity, the department has. During Christmas of 2003, local public health, this agency and other state agencies responded to the identification of one cow that tested positive for Bovine Spongiform Encephalopathy (BSE). In the fall of 2004, this agency and local public health responded to a severe shortage of flu vaccine. There was no real or imminent threat to the public's health in either case, yet the department's ability to respond to media attention and the needs of both local and federal partners was severely challenged. Should a real emergency exist for an extended period, or multiple emergencies exist for even a short

time, the agency and local public health agencies may lack sufficient surge capacity to maintain the required response.

STRATEGIC PLAN

2005-2007

GOAL 1: Improve the health status of people in Washington State

Objective 1: People have the information they need to prevent disease and injury, manage chronic conditions, increase healthy behaviors, and make healthy decisions.

Strategy 1: Increase healthy behaviors.

Measure 1: Increase the proportion of adults meeting the recommendations for moderate or vigorous physical activity at work or during leisure time; continue to measure and track on an annual basis.

Measure 2: Reduce the rate of sales of tobacco to minors.

Strategy 2: Reduce communicable disease and the impact of chronic disease by targeting interventions that work.

Measure 1: Increase the percent of children 19-35 months of age receiving the 4th DTaP vaccination.

Measure 2: Increase the percent of women who are screened during the prenatal care visits for smoking, alcohol use, illegal drug use, HIV status, and postpartum birth control plans.

Measure 3: Achieve 100% Mycobacterium Tuberculosis (MTD) testing of every smear positive specimen sent to the State Laboratories, which will decrease the time of treatment initiation for suspect TB patients.

Strategy 3: Monitor health risks in the environment and provide the public with timely information so they can make healthy decisions.

Measure 1: Increase percentage of recreational shellfish beaches that have more than 500 harvesters per year that are monitored for pollution and have published a classification indicating the relative safety of eating shellfish from them.

Measure 2: Conduct routine inspections of public water system facilities and operations and track the percentage of completed surveys with no critical deficiencies.

Objective 2: All people have an equal opportunity to be healthy.

Strategy 1: Increase the number and types of interventions designed to improve equal opportunity to health within DOH programs and activities.

Measure 1: Increase the percentage of programs providing translation services, multi-lingual information, or other community appropriate materials.
Measure 2: Increase the percentage of programs targeting interventions to address a specific health disparity.

GOAL 2: Improve Public Health System accountability and responsiveness

Objective 1: Improve patient safety through facilities and health care professional regulatory processes.

Strategy 1: Improve timeliness of responses.

Measure 1: Reduce the elapsed time between receipt of a complaint and notification of the findings.

Strategy 2: Apply appropriate sanctions for misconduct.

Measure 1: Monitor disciplinary authority sanctions against sanction guidelines and report quarterly.
Measure 2: Develop and implement education and corrective action plan to ensure that sanctions fall within established guidelines.

Objective 2: Assure emergency preparedness plans are developed and practiced at the local, regional and state level.

Strategy 1: Staff receives training for emergency response.

Measure 1: Increase percentage of DOH staff with identified emergency response roles referenced in their job descriptions.
Measure 2: Increase percentage of DOH staff with specific assigned roles that have received training or have engaged in appropriate exercises to improve essential skills.

Strategy 2: Complete development of emergency response plans.

Measure 1: Percentage of critical systems and core business functions with a current business continuity and disaster recovery plan.
Measure 2: Percentage of emergency preparedness plans that are developed according to state master planning requirements.
Measure 3: Percentage of DOH and LHJ Pandemic Influenza Response Plans that are developed according to the federal National Response Plan, Essential Service Function #8 directives and pandemic influenza planning recommendations from the Department of Health and Human Services.
Measure 4: Percentage of LHJ Pandemic Influenza Response Plans that have been approved by DOH.

Strategy 3: Conduct drills/exercises to test emergency response plans.

Measures 1: Increase percentage of DOH and LHJ emergency response plans that have been tested through a drill, tabletop, or functional exercise.
Measure 2: Percentage of DOH and LHJ Pandemic Influenza Response Plans that have been tested by an exercise or drill.
Measure 3: Increase percentage of DOH and LHJ drills and exercises that have after-action reports and a corrective action plan.

Objective 3: Public Health Standards are used to make the system more efficient and effective.

Strategy 1: **Every three years assess state and local performance against public health standards, using the results to allocate resources and drive improvements.**

Measure 1: Percentage of DOH programs fully meeting standards or which show improvement in each measurement cycle.
Measure 2: Percentage of LHJ's fully meeting standards or which show improvement in each measurement cycle
Measure 3: For selected priority standards, percent of DOH programs needing to improve which have documented action plans for performance improvement.

GOAL 3: Make every dollar count.

Objective 1: Focus agency resources on public health priorities.

Strategy 1: **Assure the agency public health alignment and standards inform agency resource decisions.**

Measure 1: Increase percentage of agency decisions on priorities, funding requests and legislation that document the use of the Report Card on Health Indicators, CDC goals, and agency public health alignment tool.

Strategy 2: **Contain costs: dollars are maximized through cost containment strategies and activities that reduce the cost to the health care system.**

Measure 1: Increase the number of HIV positive clients accessing private health insurance.
Measure 2: Increase the use of collaboratives to reduce the cost of chronic disease.
Measure 3: Continue reductions in tobacco use to prevent future chronic disease.

Strategy 3: **Demonstrate accountability through timeliness and accuracy.**

Measure 1: For each year of operation, 100% of WIC authorized retailers will receive annual trainings on how to properly sell WIC foods and handle WIC checks.
Measure 2: All permits, licenses and renewals issued and inspections done by DOH will be issued within set timelines.
Measure 3: All hospitals within Washington will have a licensing survey completed every 18 months (including deemed accredited surveys).

Objective 2: Improve the quality, availability and use of data to inform the public & design public health programs.

Strategy 1: Provide the public, public health partners and others organizations information and data as it becomes available.

Measure 1: Reduce the average length of time to issue a certified copy of a birth or death certificate in response to a mailed-in request.
Measure 2: Community health data, including a set of core indicators are updated every other year. Core indicators include such items as data about population health status, communicable disease, environmental health risks, and related illnesses, health disparities, children's health, and access to critical health services.
Measure 3: Enhance the capacity of the 12 local health jurisdictions implementing onsite sewage program management plans approved by DOH.

Strategy 2: Encourage the public to find information and interact with DOH through the internet.

Measure 1: Increase the number of "hits" to the drinking water, shellfish notification and provider look-up web sites.
Measure 2: Develop at least one new e-business, public focused application each year.
Measure 3: Test the navigability of the DOH website at least twice per year.

Strategy 3: Improve the quality of DOH information and vital records.

Measure 1: Decrease the percent "unknown" for the 17 data items in the birth certificate that are required by NCHS standards to 5% or less per quarter for each facility.
Measure 2: Increase the percentage of death certificates that are electronically registered.

Objective 3: Assure that public health interventions are designed using best available evidence.

Strategy 1: Maintain surveillance and reporting system to identify health threats.

Measure 1: Proportion of notifiable conditions for which guidelines are reviewed and updated annually.
Measure 2: On a quarterly basis, report to DOH Senior Management current analysis of the health risks, serious chronic conditions, and diseases with the most impact on people in the state.
Measure 3: Increase the percentage of onsite sewage program management plans developed within the 12 Puget Sound local health jurisdictions.

GOAL 4: Hire, develop, and retain a competent and diverse workforce

Objective 1: The department has a talented workforce.

Strategy 1: Core competencies, skills and abilities are actively used in hiring.

Measure 1: Percentage of new hires or promotions that have an evaluation prior to the end of the probationary or trial service period.
Measure 2: The relative proportion of new hires and promotions retained versus those let go.

Strategy 2: Core competencies, skills and abilities are developed and kept current.

Measure 1: Percentage of employees with annual training plans that reflect the skills, abilities, and core competencies associated with their position.

Measure 2: Percentage of staff that complete annual training plans (to include mandatory training) outlined in the Performance and Development Plan (Sections 1-3).

Objective 2: DOH employees reflect the diversity of Washington State.

Strategy 1: Develop recruitment strategies to ensure diverse workforce.

Measure 1: Percentage increase in diversity of applicant pool
Measure 2: Percentage increase in diversity of new hires

Objective 3: Provide our employees with tools and training to be successful.

Strategy 1: Staff receives effective and timely feedback.

Measure 1: Percentage of staff with current evaluations.

Strategy 2: Staff is encouraged to be healthy.

Measure 1: There is a reported increase in the participation of staff in DOH supported wellness activities.

GOAL 5: Develop and maintain high quality service to the people of Washington State and partnerships that promote the public's health

Objective 1: Use feedback to improve internal and external service delivery.

Strategy 1: **Increase the number of organized and systematic feedback opportunities to improve service delivery.**

Measure 1: Number of programs and functions obtaining feedback through surveys, focus groups, key informant interviews or other appropriate means.
Measure 2: Increase the number of program improvements based in part or whole on feedback.

Objective 2: Promote, provide and improve public health programs/activities through partnerships.

Strategy 1: **Increase the number of partners participating in the development, evaluation, or implementation of public health programs, activities or services.**

Measure 1: Increase the number of partnerships that result in such actions such as the giving or receiving of funds for public health programs, common work products, common health promotion activities or joint sponsorship of events.

Strategy 2: **Increase interaction with communities of color and organizations representing diverse groups**

Measure 1: Increase the diversity of members on advisory boards, commissions and panels.
Measure 2: Increase the number of activities jointly sponsored by DOH and organizations who provide public health messages to diverse audienc

GOAL 6: Improve agency performance by increasing the use of performance management tools throughout the department

Goals, Objectives, Strategies and Measures

Objective 1: Develop and execute an annual agency wide quality improvement program.

Strategy 1: Each division, including those in central administration, have at least one element within the quality improvement plan.

Measure 1: Percentage of organizational units with an element within the agency written plan.

Strategy 2: At least twice a year, the agency reviews and establishes quality improvement priorities for action.

Measure 1: Percentage of organizational units conducting quality improvement projects or activities each quarter.

Strategy 3: Successfully complete the Washington Quality Award application process.

Measure 1: Process complete.

Objective 2: Increase the use of GMAP and other data driven management tools throughout the agency.

Strategy 1: Each division, including those in central administration, use GMAP and other tools to identify and drive improvements.

Measure 1: Increase the percentage of divisions that track changes in performance measures at least monthly and use the information to improve performance.

Measure 2: Increase in the number of improvement efforts resulting in reported efficiencies, cost

Strategy 2: The Senior Management Team uses GMAP and other data driven management tools to track and improve performance.

Measure 1: The Senior Management Team tracks changes in performance measures for key areas at least quarterly, and uses the information provided to drive improvement in those measures.

Appendices

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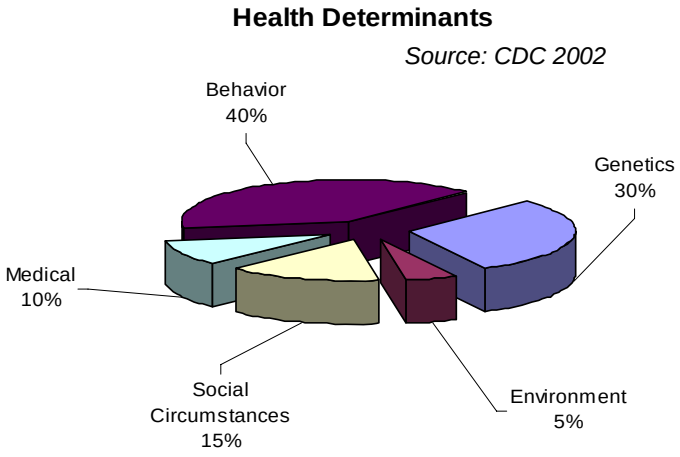
PUBLIC HEALTH OVERVIEW

Health is more than the absence of illness. According to the World Health Organization's constitution, "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

"Public health" is the applied science that focuses on *prevention* of disease and injury so people can live healthy lives. The practice of public health includes setting health policy, regulation and enforcement, education to individuals and communities, and medical treatment or environmental mitigation when a health problem threatens the larger community.

The scope of public health includes all aspects of living that determine how healthy we are. These include our surroundings (our natural, built and social environments), our personal behavior and individual inherited characteristics, and whether we have access to medical care. In order of influence, these determinants of health rank are shown in the chart on this page.



The role of government:
Government has a critical role in protecting the public's health. While many entities pursue healthy objectives, only government has the ability to bridge competing interests and to sustain long term strategies that result in healthier lives. It is government's role to make and maintain policy that assures the greatest good for all, protects vulnerable people and conserves resources. This responsibility is exercised as regulation, and also in general policy or funding choices that promote health.

Examples of the regulatory government role in public health include:

- Regulation to protect clean drinking water
- Immunization requirements that protect people from infectious disease
- Food safety rules
- Health care professions and facilities licensing

Examples of policy or funded initiatives that promote health include:

- Tobacco Settlement funds invested in preventing teen tobacco use
- Nutritious foods for Women, Infants and Children (WIC)
- Education to increase seatbelt use, physical activity, or prevent HIV/AIDS

Government agencies do not – and cannot – work alone in carrying out public health policy. They rely on, and often provide funds for, a broad array of community partners. Examples

include hospitals, clinics and community-based organizations like the Red Cross or the local branch of the Cancer Society. In every community there are from dozens to hundreds of such groups, and often they have state and national counterparts. Most of these groups are committed to a mission directed at a single health issue. While they provide crucial services, these groups do not carry the responsibility for comprehensive health protection that rests with government, nor can they exercise the authority that is vested in government.

Twenty-four hour coverage is an expectation of governmental public health.

Twenty-four hour coverage is an expectation of governmental public health, as with other public safety workers, like fire and police. While most public health agencies do not have staff working shifts around the clock, they must be ready to mobilize the workforce whenever their special expertise is needed. Recent examples that affected Washington public health workers included a suspected case of "mad cow" disease, a contaminated drinking water system and an outbreak of measles among travelers to our state.

Washington's Governmental Public Health System

Washington is served by a network of federal, state and local government agencies that work together to protect and promote the health of the people of this state. Their efforts are well-integrated, with each type of agency performing a specific and complementary role, as outlined below.

Washington's public health system is a balance of centralized and decentralized authority, with heavy reliance on local public health departments, as part of local county governments. This is typical in states with a history of strong local government. By contrast, some states have public health services that are centralized at the state level, so even local offices are staffed by state employees.

Washington State Department of Health

The Washington State Department of Health (DOH or department) was created by the legislature in 1989 to place cabinet-level emphasis on those governmental services that protect and promote the public's health. The services were drawn from other agencies, where they had co-existed with other non-health related efforts. This was, in some ways, a return to a structure that had existed much earlier in state government, before the development of very large agencies such as the Department of Social and Health Services (DSHS).

Some of the primary responsibilities and activities of DOH are to:

- Prevent disease and promote the health of Washington residents.
- Monitor and track disease and health trends.
- Ensure Washington residents have a safe and reliable supply of drinking water.
- Ensure the places Washington residents work, live and play are safe.
- Assure the food we purchase and the marine animals we harvest are safe to eat.
- Promote health in infants, children and families.

- Work with local partners and other health agencies to protect the public from communicable diseases.
- Provide accurate and timely laboratory results.
- Ensure Washington residents have access to safe and reliable health care.
- Protect Washington residents in the event of a public health emergency.
- Strengthen the department's partnerships with local public health organizations.

A list of specific programs underscores the broad range of activities that DOH personnel administer. All of these services share a common characteristic: They are important to protecting health and they offer a measure of protection through *prevention*. The costs to society, in terms of money or suffering, are lessened by stopping the disease or potential harm or by mitigating its affects.

DOH has responsibility to enforce a large body of public health regulation (246 WAC) and is often designated as the lead agency in rule development (see Rulemaking for Public Health below).

In some cases, DOH is the direct service provider. This is true for large drinking water systems (15 or more connections), radiation protection, licensing and discipline of health professionals, surveying of hospitals, and services of the public health laboratory that cannot be carried out in private labs: newborn screening, rabies testing and some confirmatory TB tests are examples.

In many other program areas, DOH is not a direct provider. Instead, the department assumes various roles, depending on what is needed. These are common roles, and specific recent examples include:

- communication and coordination point for local efforts that take place statewide
  (responding to the flu vaccine shortage)
- expert support to a local area in the event of a serious health problem
  (a toxicologist assesses mold in a school building)
- funding agency and contract monitor for programs carried out locally
  (overseeing tobacco prevention activities and funds)
- partner and health expert among other state agencies
  (participant in cabinet advisory group on homeland security)
- advisor to health providers and non-government entities seeking guidance on health problems or policy
  (protocol for handling white powder, based on anthrax experience)

DOH must be prepared to assume control when a local agency faces a problem that outstrips its resources, or when many local areas are involved and coordination is essential. A widespread disease outbreak would require assistance from DOH medical epidemiologists, for example, plus support in areas such as media communications,

While DOH plays different roles, based on circumstances, the positive support provided to local public health agencies is a cornerstone in making the system work.

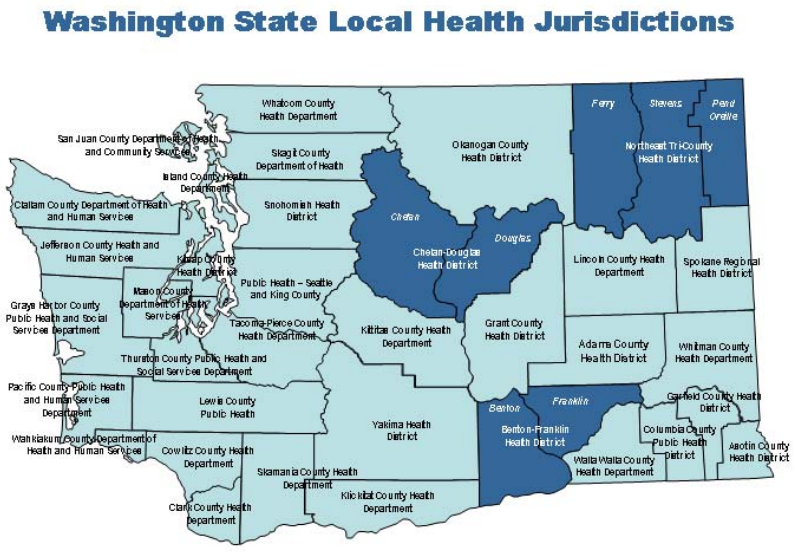
obtaining and distributing pharmaceuticals, assuring cross-county communications and, in some cases, requesting federal assistance.

While DOH plays different roles, based on circumstances, the positive support provided to local public health agencies is a cornerstone in making the system work. Open and frequent communication is valued, the unique local impact of issues is respected, and the opinion of local partners is sought in nearly every aspect of work.

Local Public Health Jurisdictions

There are 35 local public health jurisdictions (LHJs) in Washington; three include more than one county (see map next page). The Revised Code of Washington (RCW) provides for different ways of organizing health jurisdictions, but clarifies that public health is a basic responsibility of county government. Cities are prohibited from establishing their own public health departments, though joint city-county departments are allowed (which applies to Tacoma-Pierce and Seattle-King). Health *department*s are departments within county government. Health *districts* can be established as a separate entity, but the authority is granted by the county and funding flows from the county.

Each local health department is required to have a Board of Health and Health Officer (RCW 70.05). In practice, the Board of Health is comprised of County Commissioners or a group of county elected officials including both city and county representatives. Non-elected people may serve on a board of health, but the majority must be elected officials, underscoring the importance of a government hand in making public health decisions. The BOH is given very broad authority to take actions deemed necessary to protect the public's health, including establishing quarantine or closing facilities.



The Health Officer must be medically trained and is granted significant authority which parallels the BOH. In Washington's largest five or six counties, the Health Officer is also the administrator of the health department or district. In other cases, the administrator is a non-medical person and the Health Officer works part time, under contract to the BOH.

Washington Public Health Overview

Because each local jurisdiction has developed separately over time, it is not easy to compare public health services across counties. They range in size from serving 2400 people to more than 1.6 million. RCW lays out very broad authority, but does not define a minimal list of services. Common aspects of public health services include:

Environmental health: food safety, drinking waster, sanitation
Community Health: infectious and chronic disease prevention, family health
Vital records: birth and death records, marriage and divorce records

County governments have the authority to pass local ordinances that pertain to public health. Thus, while specific requirements can vary from one county to the next, all LHJs have some enforcement authority. Local governments cannot pass ordinances that conflict with or are less restrictive than state law.

Local health jurisdictions provide services that have a direct benefit in public health terms, reducing risk for the whole population.

LHJs provide services that have a direct benefit in public health terms – reducing risk for the whole population - and leave general medical care to local health care providers. Population-based services are designed to have a broader community impact through education, regulation and mobilization toward effective health policy, such as reducing tobacco exposure.

A list of common services provided by LHJs can be broken down into three categories - Assessment, Policy Development and Assurance:

Assessment:

- Monitor health status of the community
- Diagnose and investigate health problems and hazards
- Inform and educate people about health issues

Policy Development:

- Mobilize partnerships to solve community health problems
- Support policies and plans to achieve health goals

Assurance:

- Enforce laws and regulations to achieve health goals
- Link people to needed personal health services
- Ensure a skilled public health workforce
- Evaluate effectiveness, accessibility and quality of health services
- Research and apply innovative solutions

With one exception, LHJs in Washington do not provide general medical care. Referral to medical care is commonly pursued and local public health staff are frequently challenged to find access to care for their clients. Some public health services have a medical treatment component,

but the underlying reason is to stop a health risk. Examples include immunizations, treatment for sexually transmitted diseases, and specialized services for families where there is a risk of child development problems. The medical-care exception is Public Health Seattle-King County, which operates a number of community health clinics.

Financing the System

Financing for the public health system is a chaotic blend of grants, taxes and fees. The amount of funding is marginal when compared with the need, public expectations and legal responsibilities. There is no minimum amount per capita, and no stable source of funds. Public health services will erode as local government financing hits a crisis point, largely in response to huge criminal justice cost impacts.

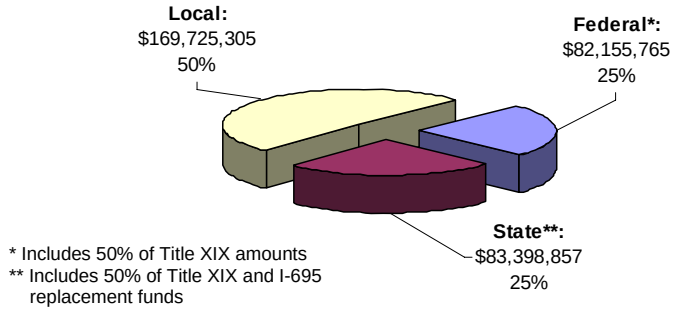
The 2000 Public Health Improvement Partnership (PHIP, see description below) described four significant challenges in public health financing:

- Public health is historically, persistently under-funded
- Funding for core services is eroding, making the system very fragile
- Investments vary wildly from one county to the next, so protection is inconsistent
- Categorical restrictions hamper efforts to respond to community needs

Local health jurisdictions spend approximately $336 million per year (Source: BARS 2003) and report their expenditures in a statewide system that allows analysis by type of service and source of funds expended (PHIP 2004). DOH publishes this information annually.

LHJs rely on different sources of funds to carry out their responsibilities, including federal funds passed on by state agencies, state funds, and locally generated funds – taxes, plus revenues from fees and permits. The financial picture looks different for each LHJ; some are very dependent on state and federal funds and some are more dependent on local funds (See chart this page for aggregate LHJ funding).

Local Health Jurisdiction Funding
Federal, State, Local Breakdown



There is wide variation in the amount of funding provided from one LHJ to the next, from $4.50 to $71.69 per capita (PHIP 2004).

Recently, the “State” portion increased when the Motor Vehicle Excise Tax (MVET) was repealed and the legislature provided funds to “backfill” the loss of $48 million to public health (in addition to funds for some other local government services.) Other State funds are provided to LHJs from DOH, from

DSHS (generally for reimbursed services to individuals), and in very small amounts from the Department of Ecology (DOE) or other state agencies.

State Board of Health
The Washington State Board of Health is an independent constitutional agency consisting of nine members who represent consumers, city elected officials, county elected officials, local health officers and people experienced in matters pertaining to health and sanitation. They are appointed by the governor to three-year terms. The Secretary of Health or designee serves as a tenth member. The governor selects the chair from the nine appointed members.

The state Board of Health's responsibilities include adopting rules to govern traditional public health concerns. The board proposes the State Health Report every two years as a strategic guide for health-related agencies to use when preparing budgets and request legislation, provides policy recommendations to the secretary of health and serves as a public forum to gather citizen input and expert advice on health policy.

State Rulemaking for Public Health
Authority to enact rules for public health at the state level is divided between the SBOH and DOH, even on the same topic areas, reflecting the history of various legislative actions and whether pre-existing authority was being amended. In combination, their efforts set forth more detailed interpretation of a broad range of health policy decisions made by Washington's legislature.

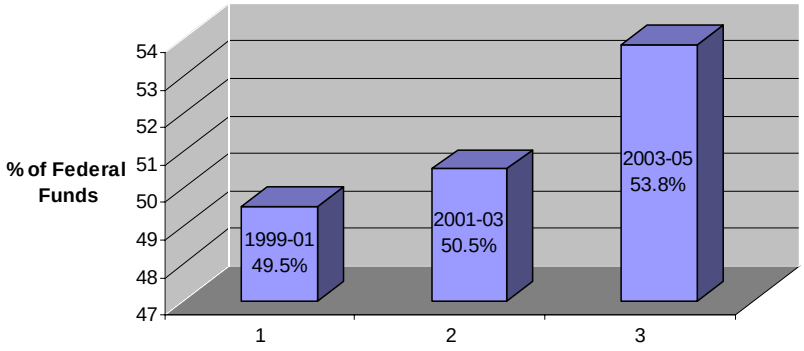
Both SBOH and DOH conduct public processes to carry out rule development, as required by legislation, and stakeholder involvement is a critical component. When the SBOH is the designated authority, the board may choose to develop rules in-house, but more often the board requests that DOH staff take on the day-to-day process and then bring recommendations before the board. In cases where the rule change is not substantial or controversial, the board may completely delegate its rulemaking authority to the department.

Enforcement of the rules may fall to DOH, or to local agencies charged with implementing Washington code.

Federal Role
State and local health entities count on the federal government to keep track of public health threats that are beyond the scope of state and local focus. Examples include making sure that imported foods are safe for sale and consumption and assuring that drugs manufactured in this country or elsewhere are effective, safe and properly labeled.

Federal agencies also have rule-making authority, derived from Congressional action, which sometimes has a direct affect on state and local agencies. For example, federal regulations can "pre-empt" state-passed rules. Or, states may be allowed to regulate something only when the state regulation meets or exceeds federal requirements, as is the case in Washington for drinking water regulation.

Federal Funds as a Percentage of Total Department of Health Funding, 1999-2005 Bienniums



The federal government is also a major contributor of funds for public health. Federal funds have played an increasing role in financing public health in recent years (see chart this page).

Most federal funding comes from Agriculture (for the WIC program), the Centers for Disease Control and Prevention (CDC) and its parent federal department, Health and Human Services (HHS). Federal funds are always associated with categorical restrictions on their use. This means a state may receive funds for immunizations, family planning or water quality, but the funds must all have separate accounting and must never be used for basic public health protection outside of the original congressional intent.

The impact of categorical federal funding is that it can help augment public health efforts but cannot assure that the basic infrastructure is in place to assure needed public health services. Moreover, there are a few situations where local practitioners believe that the reporting and accounting burden is so costly that they decline the funds.

Health Care Providers

Providers play an officially required role in the system whenever they encounter a disease that must be reported to their local public health jurisdiction. These are called "notifiable conditions" and are usually the first alarm to sound when a potential public health threat emerges, like SARS or West Nile Virus.

Health care providers throughout the state also rely on their local public health jurisdiction, as well as DOH and the CDC, for guidance in a significant public health event. For example, in the recent flu vaccine shortage, providers need to learn the CDC established guidelines for who was considered high risk. They used fact sheets provided by public health agencies and were grateful for the coordination of vaccine distribution and for the frequent public communication through media.

Public Health Improvement Partnership (PHIP)

PHIP is Washington's approach to creating a strong, reliable public health system. An updated Public Health Improvement Plan is published every two years. The plan summarizes results accomplished through the partnership's efforts and lays out recommended next steps. PHIP provides a strategic roadmap for development of Washington's public health system. It helps all partners combine efforts in working toward an improved public health system, and helps us to use available resources wisely. A complete description of the PHIP initiative can be found on page 35.

Washington's Public Health Improvement Partnership (PHIP) provides a strategic roadmap for development of Washington's public health system.

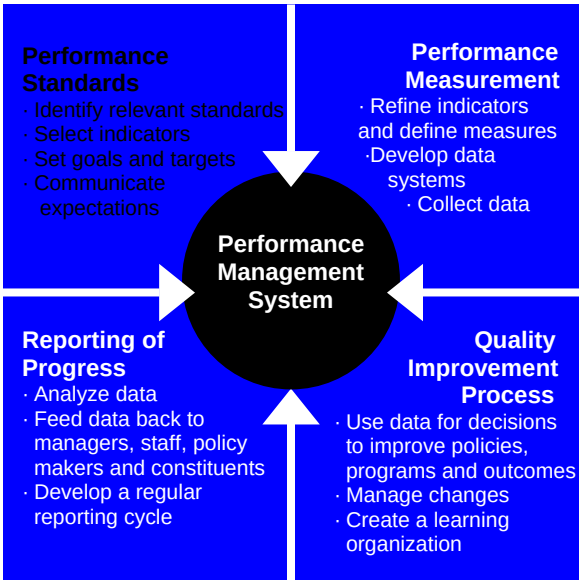
Part of the PHIP plan was the development of public health standards for Washington state. The guiding principles for developing standards were:

- define what is basic
- use clear language
- describe what every jurisdiction should be able to do regardless of size or location
- incorporate the ideas of nationally described core functions and essential services of public health
- support the standards with a few carefully selected measures that demonstrate whether the standards have been met.

Washington state public health standards cover five key aspects of public health, selected because they represent basic protection that should be in place everywhere:

- Understanding health issues
- Protecting people from disease
- Assuring a safe, healthy environment for people
- Prevention is best: promoting healthy living
- Helping people get the services they need

This set of standards was purposely limited to the responsibilities of state and local government. The contributions of non-government health providers and community-based organizations are essential, but they are separate from the specific accountability expected of government agencies.



Performance Measurement: Washington's process emphasizes mutual accountability and collaboration. Below is a self-assessment model developed through the national Turning Point project* for use by public health agencies. The chart shows how standards and measurement can be used to assure that every agency has the

necessary skills, accountability and communications capacity to perform the work of protecting the public health.

How Public Health is Organized in Washington
Washington State Association of Local Public Health Officials (WSALPHO): This is a non-profit organization that calls upon the leaders of local health jurisdictions to encourage improvement in the quality, capacity and leadership of health departments and districts to provide a more consistent, effective and efficient public health infrastructure in this state.

WSALPHO:

- Assumes an active role in public health policy
- Advises DOH regarding public health issues
- Organizes and participates in efforts to enhance the abilities of public health workers
- Participates in the development and implementation of local public health standards
- Contributes to improved standards for professional performance
- Promotes the highest degree of skill, efficiency and professional competence through a mutual exchange of knowledge, experience and information
- Actively contributes to the development of leadership from and among the practicing disciplines of public health
- Is associated with the Washington State Association of Counties (WSAC)

** The Turning Point project is an initiative of The Robert Wood Johnson Foundation and the W.K. Kellogg Foundation. Its mission is to transform and strengthen the public health system in the United States by making it more community-based and collaborative.*

WSALPHO forums:

- Public Health Executive Leadership Forum (PHELF) is dedicated to the administrative and technical leadership issues specific to local health officers and administrators
- Public Health Nursing Directors Forum (PHND) is dedicated to the administrative and technical leadership issues specific to local public health nursing directors
- Environmental Health Directors Forum (EHD) is dedicated to the administrative and technical leadership issues specific to local public health environmental health directors

Washington State Department of Health Local Health Liaison
The department's Local Health Liaison is a primary point of contact when a local health department has a question, a problem or

Public Health Workforce Quick Facts

- *About 5,400 people work for state and local*
- *Years worked in public health: 29% 5-plus, 22% 10-14, 21% 5-9, 16% 20-plus, 12% 15-19*
- *Years employees expect to work in*
- *Educational degrees of public health employees: Bachelor's 38%, Master's*

concern, or is angry about any action that has community impact. Providing a listening ear for both department staff and local staff, the local health liaison works to assure smooth communication between LHJs and DOH and finds ways to resolve differences.

The Local Health Liaison provides senior managers at DOH with information and insight about issues that arise at local health departments.

The local health liaison also provides senior managers at DOH with information and insight about issues that arise in local health departments. The liaison coordinates with local health officials in planning association meetings (Public Health Executive Leadership Forum and Health Officers Forum) and ensures DOH staff are involved as needed.

The liaison provides outreach to new health officials, staying in touch with new administrators and health officers, coordinating health officer orientation with others within DOH. The position requires frequent travel and site visits and arranging full-day events in local communities that involve the secretary of health, state Board of Health and other members of the senior staff at DOH. This year, there have been seven such visits. The purpose of these visits is to get to know LHJ leadership, management and staff; become familiar with local public health programs and activities; meet with BOH members, community partners, etc., if desired by the LHJ; and generally develop a better understanding of the county, communities and context in which the they are operating.

The liaison also coordinates a department-wide local health workgroup, bringing together staff from all parts of DOH monthly to assess local health issues and share information from the field. Together, this group formulates ways to improve service to local health departments.

Local Health Communications

The local health liaison and others coordinate the use of multiple list serves and data bases needed to keep DOH's field communications up to date, including lists for public health administrators, health officers and other groups. Whenever a new health official is added, a series of steps is taken to update lists throughout the department. We maintain approximately 25 list serves, with "ownership" delegated throughout DOH.

With turnover among more than 150 senior local health officials statewide, a number of such changes are made each month. Currently the department is searching for a software program that would centralize this process for all DOH offices.

Public Health in Action

Outbreak at the Puyallup Fair

In the last days of summer 1998, an outbreak of E.coli 0157:H7 was discovered. Suspicion centered around food served at the Puyallup Fair, an event visited by more than a million people over two weeks. This true-life scenario shows how the different partners in public health work together to identify and contain disease outbreaks to protect the health of the citizens of Washington state.

8:00 p.m. **Saturday September 19**

An infectious disease nurse at Tacoma's Mary Bridge Hospital calls the DOH 24-hour disease reporting number and tells a state epidemiologist that a young child hospitalized with symptoms of bloody diarrhea has a confirmed case of E.coli 0157:H7. The nurse notes the child attended the Puyallup Fair September 13. The epidemiologist asks the Tacoma-Pierce County Health Department's infectious disease coordinator to contact local emergency rooms and hospital laboratories; a quick scan finds no other cases. The local department's food safety program is alerted to the possibility of E.coli linked to the fair.

10:00 a.m. **Sunday September 20**

As the gates of the fair open, local health department food safety inspectors are on hand to redouble efforts to make sure the hamburger and other food items are being handled and cooked properly. An epidemiologist from the Seattle-King County Department of Public Health interviews the sick child's parents and finds three possible sources of exposure: the petting zoo, a water ride, and a hamburger. Public health officials encourage fair goers to use a hand washing station set up by the petting zoo.

8:00 a.m. **Monday September 21**

The state epidemiologist gets word that a second child with suspected E.coli was seen the previous night at Providence St. Peter Hospital in Olympia. He arranges to have a bacteria sample delivered to the state Public Health Laboratory near Seattle. The second child's family reports that they attended the fair, visited the petting zoo, and ate hamburgers. The Department of Health's food safety manager asks the U.S. Department of Agriculture to coordinate an investigation of bacteria sources at the fair.

2:00 a.m. **Tuesday September 22**

Overnight lab work confirms the second case as E.coli. The Public Health Laboratory runs a state-of-the-art procedure to identify the specific DNA "fingerprint" of the bacteria strain. If the two fingerprints match, it will confirm that a common source is responsible. Local, state and federal disease investigators comb the fairgrounds, taking animal, food and water samples that are sent to the lab for bacteria culturing. By e-mail and fax, the state epidemiologist warns public health officials, health care providers and news media across the state about a possible E.coli outbreak.

12:00 p.m. **Wednesday September 23**

The DNA fingerprints of the two cases are an exact match. Medical providers report five other cases of E.coli-like symptoms. The search for the common source of the disease intensifies as the story gets nationwide news coverage.

9:00 a.m. **Thursday September 24**

A third child hospitalized in Pierce County becomes ill with E.coli. Her family also went to the fair on September 13. Testing confirms this case to be a close, but not identical, DNA fingerprint match.

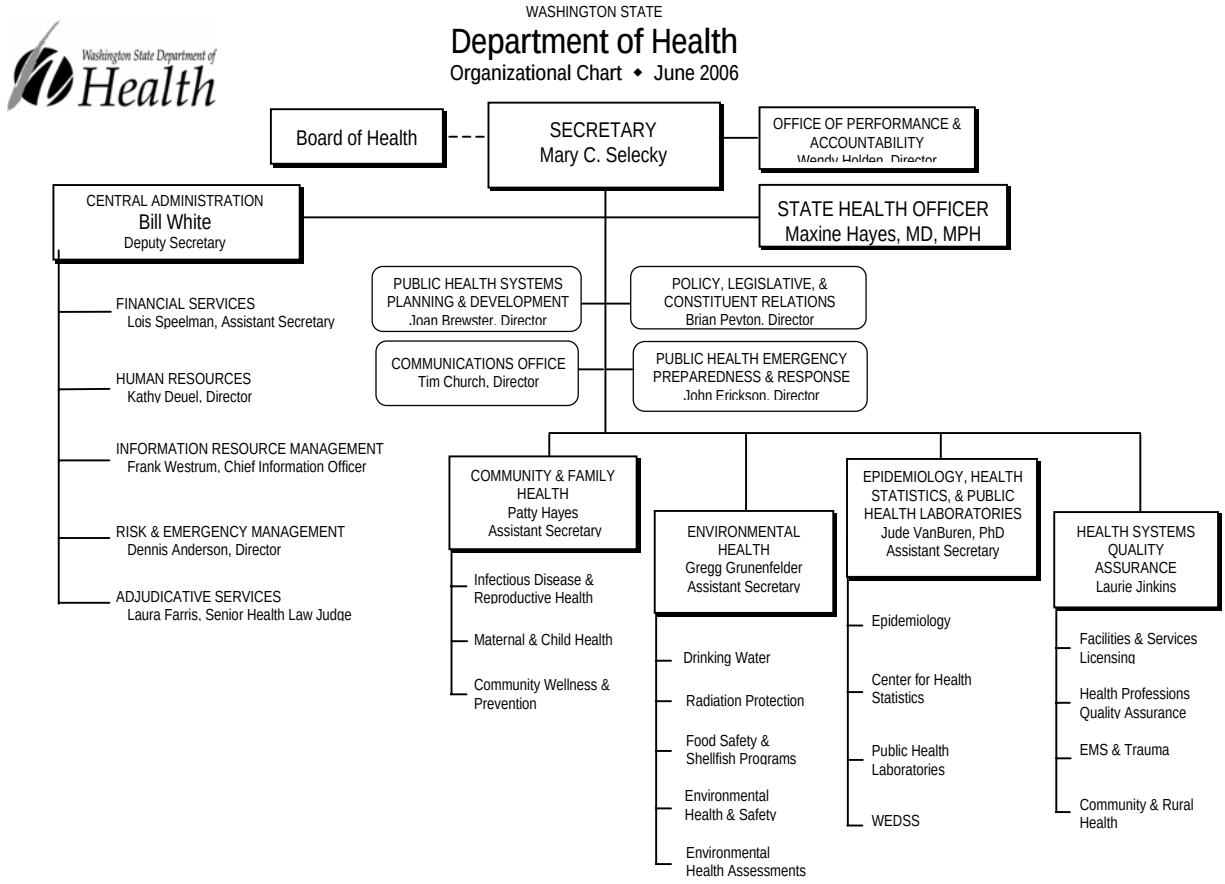
5:00 p.m. **Friday September 25**

Several other cases of E.coli-like illnesses are reported, but lab testing does not confirm any new cases. Samples are sent to the federal Centers for Disease Control and Prevention laboratory in Atlanta for further analysis.

10:00 p.m. **Sunday September 27**

The fair closes as scheduled. Rapid response in identification of E.coli, combined with effective disease prevention measures put in place before the fair opened, averted what could have been a massive disease outbreak. Federal and state microbiologists continue to search for the bacteria source. The child with life-threatening symptoms is discharged after 29 days in the hospital.

Organizational Structure



Statutory Authority

Title 9 Crimes and Punishments

9.02 Abortion: Transfers any powers vested in the State Board of Health in regard to abortion to the department.

Title 9A Washington Criminal Code

9A.42 Criminal Mistreatment: 9A.42.090 requires the department and DSHS to adopt rules establishing procedures for termination of care to dependent persons.

Title 13 Juvenile Courts and Juvenile Offenders

13.34 Juvenile Court Act: Requires DSHS, in consultation with the department, to adopt rules defining "drug-affected infant" and "alcohol-affected infant". Requires DSHS and the department to develop a comprehensive plan for services to mothers who have delivered drug or alcohol affected infants or are "at risk", along with inventory of community services, the fiscal impact of the plan, and potential long-term cost savings to the state.

Title 15 Agriculture and Marketing

15.54 Fertilizers, Minerals, and Limes: Requires the department to participate with the Departments of Agriculture and Ecology in preparing a biennial report to the legislature regarding the levels of nonnutritive substances in fertilizers. Grant the department a consulting role in the Department of Ecology's review of applications for approval of a fertilizer's compliance with the legal standards set forth in the statute.

15.92 Center for Sustaining Agriculture and Natural Resources: Appoints the secretary or a designee as an ex officio, non-voting member of the commission on pesticide registration.

Title 16 Animals and Livestock (Formerly: Animals, Estrays, Brands, and Fences)

16.70 Control of Pet Animals Infected with Diseases Communicable to Humans: Grants the department and the secretary the authority to protect the public health from outbreaks of communicable diseases from pet animals, including quarantine or destruction of animals; and to make rules relating to "importation, movement, sale, transfer or possession of pet animals".

Title 17 Weeds, Rodents, and Pests

17.21 Washington Pesticide Application Act: Creates a pesticide advisory board, of which "the environmental health specialist from the department of health" is a nonvoting member.

Title 18 Businesses and Professions

18.06 Acupuncture: Grants the secretary the authority to license acupuncturists; to act as disciplinary authority to discipline license holders under this chapter; and to adopt rules to carry out the purpose of the chapter. RCW 18.06.140 requires every licensed acupuncturist develop a written plan for consultation, emergency transfer, and referral to other health care practitioners operating within the scope of their authorized practices. The written plan shall be submitted with the initial application for licensure as well as annually thereafter with the license renewal fee to the department. The department may withhold licensure or renewal of licensure if the plan fails to meet the standards contained in rules adopted by the secretary.

18.19 Counselors: Grants the secretary the authority to register counselors to act as disciplinary authority to discipline registrants under this chapter; and to adopt rules to carry out the purpose of the chapter.

18.22 Podiatric Medicine and Surgery: Grants the secretary authority to adopt rules and set fees for administration of the chapter.

18.25 Chiropractic: Grants the secretary authority to adopt procedures for applications.

18.29 Dental Hygienist: Creates dental hygiene examining committee, appointed by the secretary, to prepare and administer examinations. Grants the secretary the authority to license dental hygienists; to act as disciplinary authority to discipline license holders under this chapter; and to adopt rules to carry out the purpose of the chapter. RCW 18.29.050 describes a licensed dental hygienist employment functions, and requires supervision by a licensed dentist if licensed dental hygienist performs dental operations and services.

18.30 Denturists: Creates board of denture technology, appointed by the secretary. Grants the secretary the authority to license denturists; to act as disciplinary authority to discipline license holders under this chapter; and to adopt rules to carry out the purpose of the chapter.

18.32 Dentistry: Grants the secretary authority to adopt procedures for applications, set fees, and issue licenses. RCW 18.32.030 describes the practices, acts, and operations exempted from chapter.

18.34 Dispensing Opticians: Grants the secretary the authority to issue licenses; to act as disciplinary authority to discipline license holders under this chapter; and to set fees.

Statutory Authority

18.35 Audiologists and Speech Language Pathologists: Grants the Secretary the authority to adopt procedures and set fees.

18.36A Naturopathy: Grants the secretary the authority to license naturopaths; to act as disciplinary authority to discipline license holders under this chapter; and to adopt rules to carry out the purpose of the chapter. Creates a naturopathic advisory committee, appointed by the secretary, to advise the secretary on the administration of this chapter.

18.46 Birthing Centers: Grants the Department the authority to grant, deny, suspend or revoke licenses, inspect and approve maternity homes, and adopt rules and regulations regarding the operation of maternity homes.

18.50 Midwifery: Grants the secretary the authority to license midwives; to act as disciplinary authority to discipline license holders under this chapter; and to adopt rules, including rules re the administration of legend drugs, to carry out the purpose of the chapter. Creates a midwifery advisory committee, appointed by the secretary, to advise the secretary on the administration of this chapter.

18.52 Nursing Home Administrators: Grants the secretary authority to adopt procedures for applications, set fees, and issue licenses.

18.52C Nursing Pools: Defines and requires registration of nursing pools with the secretary. Sets requirements for nursing pools. Grants the secretary the authority to establish procedures and fees; and to act as disciplinary authority to discipline registrants under this chapter.

18.53 Optometry: Grants the secretary authority to adopt procedures for applications, set fees, and issue licenses.

18.55 Ocularists: Grants the secretary the authority to license ocularists and register apprentices; to act as disciplinary authority to discipline license holders under this chapter; and to adopt rules and set fees to carry out the purpose of the chapter.

18.57 Osteopathy - Osteopathic Medicine and Surgery: Grants the secretary authority to adopt rules and set fees for administration of the chapter.

18.57A Osteopathic Physicians' Assistants: Grants the board of osteopathic medicine and surgery authority to adopt rules establishing the qualifications for and scope of practice of osteopathic physician's assistants. Requires board approval of practice arrangements. Grants board authority to act as disciplinary authority to discipline license holders under this chapter.

18.59 Occupational Therapy: Grants the secretary authority to issue licenses, and to adopt rules and set fees for administration of the chapter.

18.64 Pharmacists: Grants the secretary authority to issue licenses, and to adopt rules and set fees for administration of the chapter.

18.64A Pharmacy Assistants: Grants the board of pharmacy authority to adopt rules establishing the qualifications for and scope of practice of pharmacy assistants. Requires board approval of practice arrangements. Grants the board authority to act as disciplinary authority to discipline license holders under this chapter.

18.71 Physicians: Creates the impaired physicians program. Grants the secretary authority to adopt rules and set fees for administration of the chapter. RCW 18.71.040 requires an applicant who practices medicine and surgery pay a fee.

18.71A Physicians' Assistants: Grants the secretary the authority to establish procedures and set fees for licensure.

18.73 Emergency Medical Care and Transportation Services: Creates an emergency medical services licensing and certification advisory committee, appointed by the department, to advise the secretary on the administration of this chapter. Grants the secretary the authority to establish minimum criteria for ambulances, air ambulances, aid vehicles, and ambulance and aid services; and for training and certification of first responders and emergency medical technicians. Establishes requirement of licensure for ambulances and aid vehicles and for ambulance and aid vehicle operators and directors. Grants the secretary the authority to act as disciplinary authority to discipline license holders under this chapter; and to adopt rules to carry out the purpose of the chapter.

18.74 Physical Therapy: Grants the secretary authority to issue licenses, and to adopt rules and set fees for administration of the chapter.

18.76 Poison Information Centers: Requires the department to provide support for a statewide program of poison and drug information services, centralized in a single nonprofit center. Grants the secretary, with the advice of the emergency medical services licensing and certification advisory committee, authority to adopt rules for the operation of the center and certification of poison center medical directors.

18.79 Nursing Care: Grants the secretary authority to adopt rules for administration of the chapter.

18.83 Psychologists: Grants the secretary authority to issue and renew licenses and to collect fees.

Statutory Authority

18.84 Radiologic Technologists: Grants the secretary the authority to approve education and training requirements; to act as disciplinary authority to discipline certificate and registration holders under this chapter; and to adopt rules and set fees to carry out the purpose of the chapter. Grants the secretary the authority to appoint an ad hoc advisory committee made up of members of the profession.

18.88A Nursing Assistants: Grants the secretary the authority to act as disciplinary authority to discipline certificate and registration holders under this chapter; issue certificates and registrations; and to set fees to carry out the purpose of the chapter.

18.89 Respiratory Care Practitioners: Grants the secretary the authority to approve education and training requirements; to act as disciplinary authority to discipline certificate holders under this chapter; and to adopt rules and set fees to carry out the purpose of the chapter. Grants the secretary the authority to appoint an ad-hoc advisory committee made up of members of the profession.

18.92 Veterinary Medicine, Surgery, and Dentistry: Grants the secretary authority to issue licenses, adopt rules and set fees for administration of the chapter.

18.104 Water Well Construction: Grants Department of Ecology, the lead agency, authority to seek advice from the department. Designates a representative of the department as a member of a technical advisory group.

18.108 Massage Practitioners: Grants the secretary the authority to act as disciplinary authority to discipline licensees under this chapter; and to adopt rules and set fees to carry out the purpose of the chapter.

18.120 Regulation of Health Professions - Criteria: Sets out guidelines for regulating currently unregulated or unlicensed health professions. Sets out factors that must be explained to legislative committees in connection with a request for regulation of a health profession.

18.122 Regulation of Health Professions - Uniform Administrative Provisions: Establishes uniform provisions for credentialing of health professions: registration, certification, and licensure. Grants the secretary authority to adopt rules; establish fees, forms and procedures; administer examinations; and determine minimum education requirements and educational programs.

18.130 Regulation of Health Professions - Uniform Disciplinary Act: Establishes uniform standards and procedures for the licensure and discipline of health care professionals. Designates disciplinary authority for each health care profession, and defines the authority of the disciplinary authority and the secretary. Grants the secretary to investigate complaints of an unlicensed practitioner.

18.135 Health Care Assistants: Grants the secretary the authority to adopt rules to administer this chapter and establish minimum requirements necessary to certify health care assistants.

18.138 Dietitians and Nutritionists: Grants the secretary the authority to issue certificates; to act as disciplinary authority to discipline certificate holders under this chapter; and to adopt rules and set fees to carry out the purpose of the chapter. Establishes a health professions advisory committee, appointed by the secretary.

18.155 Sex Offender Treatment Providers: Grants the secretary the authority to issue certificates; to act as disciplinary authority to discipline certificate holders under this chapter; and to adopt rules and set fees to carry out the purpose of the chapter. Establishes the sexual offender treatment provider's advisory committee, appointed by the secretary.

18.195 Consumer Access to Vision Care Act: Grants the secretary the authority to adopt rules to implement the purposes of the chapter.

18.200 Orthotic and Prosthetic Services: Grants the secretary the authority to issue licenses; to act as disciplinary authority to discipline licensees under this chapter; and to adopt rules and set fees to carry out the purpose of the chapter. Grants the secretary the authority to appoint an advisory committee to advise the secretary concerning the administration of this chapter.

18.205 Chemical Dependency Professionals: Defines practice of chemical dependency counseling. Sets out requirements for certification. Grants the secretary the authority to issue certificates; to act as disciplinary authority under this chapter; and to adopt rules and set fees to carry out the purpose of the chapter. Grants the secretary the authority to appoint an advisory committee to advise the secretary concerning the administration of this chapter.

18.215 Surgical Technologists: Grants the secretary the authority to issue registrations; to act as disciplinary authority under this chapter; and to adopt rules and set fees to carry out the purpose of the chapter.

18.225 Mental Health Counselors, Marriage and Family Therapists, Social Workers: Grants the Secretary the authority to issue licenses; to act as disciplinary authority to discipline license holders under this chapter; and to adopt rules to carry out the purpose of this chapter. Establishes an advisory committee appointed by the Secretary.

Title 19 Business Regulations

19.02 Business License Center Act: Establishes a business license center in the department of licensing and directs the "full participation" of the department in implementing the center.

Statutory Authority

19.27 State Building Code: RCW 19.27.097 requires the department of health to coordinate with the department of ecology to determine those areas, not subject to growth management act planning, in which applicants for building permits are not required to provide evidence of adequate water supply for the building's intended purpose.

19.32 Food Lockers: Authorizes the department of health to accredit physicians and set a fee or the issuance of certification that a worker in a refrigerated locker is free of contagious or infectious disease, and grants authority to revoke such certificate.

Title 26 Domestic Relations

26.04 Marriage: Prescribes the form of certificate for recording the solemnization of marriage, to be provided by the state registrar of vital statistics of the department. Requires that the county auditor transmit all completed certificates to the state registrar of vital statistics.

26.09 Dissolution of Marriage - Legal Separation - Declarations: Requires that the clerk of the court complete the form provided by the department of health, and forward to the state registrar of vital statistics each month certificates of divorce, dissolution, annulment or separate maintenance.

26.26 Uniform Parentage Act: Sets out legal process for establishing parent-child relationship. Sets out circumstances for filing of documents with and issuances of birth certificates by the Department of Health.

26.33 Adoption: RCW 26.33.345 requires the Department of Health to provide no certified copies of birth certificates to birth parents and to adoptee, unless the birth parent filed an affidavit of non-disclosure.

Title 28A Common School Provisions

28A.230 Compulsory Course Work and Activities: Authorizes the office on AIDS to review the model AIDS curricula for medical accuracy, and to assist in updating AIDS education curriculum material as newly discovered medical facts make it necessary.

Title 28B Higher Education

28B.115 Health Professional Conditional Scholarship Program: Establishes health professional loan repayment and scholarship program for credentialed health professionals serving in professional shortage areas, and creates a planning committee that includes a representative of the department. Authorizes the department to provide technical assistance to rural communities and to determine shortage areas and eligible health professionals.

28B.125 Health Personnel Resources: Creates a committee of six agencies, including the department, to establish a state-wide health personnel resource plan. Sets out requirements of the plan, including an inventory of training needs and the number and type of health professionals needed in the state. RCW 28B.125.005 through 28B.125.030 Repealed

Title 41 Public Employment, Civil Service, and Pensions

41.05 State Health Care Authority: Includes transfer of funding for community health centers from the department to the health care authority. Authorizes the authority, in consultation with the department, to work with community health clinics and other providers of underserved populations to expand access of people of color and the underserved to managed care. RCW 41.05.013 coordinates state agency efforts to develop and implement uniform policies across state purchased health care programs that will ensure prudent, cost-effective health services purchasing, maximize efficiencies in administration of state purchased health care programs, improve the quality of care provided through state purchased health care programs, and reduce administrative burdens on health care providers participating in state purchased health care programs.

Title 43 State Government Executive

43.17 Administrative Departments and Agencies - General Provisions: Creates position of secretary of health as chief executive officer of the department. Authorizes designation of a chief assistant. Requires that principal office of each department be at the state capital.

43.20 State Board of Health: Establishes composition of membership of the board, to include the secretary and nine additional members appointed by the governor. Designates the board as a forum for the development of public health policy, and authorizes it to hold public forums and prepare the state public health report. Grants the board rulemaking authority with regard to: safe and reliable public drinking water; prevention, control and abatement of health hazards and nuisances related to the disposal of waste; environmental conditions in public facilities; imposition and use of isolation and quarantine; and prevention and control of disease.

Statutory Authority

43.21A Department of Ecology: Requires director to consult with the department and the state board of health to integrate efforts to the fullest extent possible and endorse policies in common. Authorizes the departments of ecology, natural resources and health to participate in and administer the portions federal safe drinking water act programs that fall under their authority under state law.

43.41 Office of Financial Management: RCW 43.41.905, citing department statistics on unintended pregnancies, creates an interagency task force on unintended pregnancy.

43.43 Washington State Patrol: RCW 43.43.735 requires the department to cause fingerprinting of all persons who are the subject of a disciplinary board final action. Requires the secretary to adopt rules for the licensure of facilities and individuals to ensure that individuals who provide care to vulnerable adults have not been convicted of certain enumerated crimes.

43.59 Traffic Safety Commission: Designates the secretary as a member of the commission.

43.63A Department of Community, Trade, and Economic Development: Creates the senior environmental corps, to be administered jointly by eight state agencies, including the department. A coordinating council is created consisting of representatives of the eight agencies. RCW 43.70.250 gives the department specific duties regarding the senior environmental corps.

43.70 Department of Health - General Provisions: Creates the department, to be single state agency with focus on health issues and public health. Grants department authority to create divisions and appoint administrative positions, including the state health officer. Creates position of secretary of health, with general authority to adopt rules, appoint members of advisory committees, conduct studies and analysis, delegate authority, and enter into contracts. Transfers authority from DSHS in the areas of personal health and protection programs; environmental health and protection programs; public health laboratory; public health support services, including vital records; licensing and certification of facilities; and parent and child health services. Transfers authority from DOL in the area of health professions regulatory programs and services. Grants department authority to make rules, collect fees, assess fines, and issue subpoenas and bring legal actions to enforce laws and protect public health. Grants the secretary the authority to enforce all public health laws and exercise the powers of local health officers if they are unable or unwilling to do so or request assistance. Creates a role for DOH in assuring patients have the opportunity to seek independent review of claims disputes between patients and health carriers. Creates position of registrar of vital statistics. Creates a variety of data collection, analysis and reporting requirements regarding health care and public health promotion. Permits the department to enter and inspect any property, lands, or waters, of this state in or on which any marine species are located and prohibits the harvesting of land with penalties. Grants the department authority to enter into a written cost-reimbursement agreement with a permit applicant to recover from the applicant the reasonable costs incurred by the department. RCW 43.70.680 grants the department authority to contact persons issued credentials for the purposes of gathering volunteers for emergency or disaster assistance.

43.79 State Funds: Creates the death investigations account. Authorizes disbursement of funds during the 1997-99 bienniums to the department for statewide child mortality reviews.

43.99D Water Supply Facilities - 1979 Bond Issue: Authorizes sale of $10 million of general obligation bonds for purpose of constructing and improving water supply facilities. The funds are to be administered by the department.

43.99E Water Supply Facilities - 1980 Bond Issue: Authorizes sale of $65 million of general obligation bonds for purpose of constructing and improving water supply facilities. The funds are to be placed in the state and local improvements revolving account, to be administered by the department and the department of ecology.

43.121 Council for the Prevention of Child Abuse and Neglect: Designates the secretary or the secretary's designee as a member of the council.

43.200 Radioactive Waste: Authorizes department of ecology to collect site closure fees adequate to complete the closure plan set out in the radioactive materials license granted by the department. The treasurer shall transfer to the site closure account in full the amount remaining to be repaid upon written notice from the secretary of health that the department of health has authorized closure or that disposal operations have ceased.

Title 48 Insurance

48.20 Disability Insurance: RCW 48.20.530 requires that insurers providing drugs from nonresident pharmacies may only obtain those services from licensed pharmacies. The department is authorized to request proof of licensure from such nonresident pharmacies.

48.46 Health Maintenance Organizations: The department, at the request of the insurance commissioner, shall inspect and review the facilities of health maintenance organizations applying for a certificate of registration to determine their adequacy. The insurance commissioner may request the department to re-inspect to determine their continuing adequacy.

48.47 Mandated Health Benefits: Establishes process for review of proposals for mandating insurance coverage of health benefits. Requires a proposal to be submitted to the appropriate legislative committees. The department shall report on the appropriateness of adoption, if requested by the committee chair and subject to funds being appropriated for that purpose.

48.87 Midwives and Birthing Centers - Joint Underwriting Association: Authorizes establishment of a nonprofit joint underwriting association for midwifery and birthing center malpractice insurance. Authorizes a policy with a minimum level of mandated coverage determined by the department.

Title 49 Labor Regulations

49.17 Washington Industrial Safety and Health Act: Grants sole authority for administration of this act to the department of labor and industries, except that with regard to employers using or possessing ionizing radiation, the department of labor and industries shall agree with the department on mutual rules and regulations.

Title 51 Industrial Insurance

51.32 Workers' Compensation - Right to and Amount: Establishes amounts and methods of payment of industrial insurance benefits. Requires the department of labor and industries to work with the department to establish one or more centers for research and clinical assessment of chemically related illness.

Title 54 Public Utility Districts

54.16 Public Utility Districts - Powers: Grants immunity from lawsuits based on noncompliance with federal or state requirements to a public utility district that assumes responsibility for a noncompliant water system if the district has submitted and is complying with a plan and schedule of improvements approved by the department.

Title 57 Water-Sewer Districts

57.08 Water Districts - Powers: Provides that no water district that did not operate a sewer system prior to July 1, 1997 may operate a sewer system without first obtaining approval from the department and the department of ecology.

57.24 Water Districts - Annexation of Territory: Grants immunity from lawsuits based on noncompliance with federal or state requirements to a water district that assumes responsibility for a noncompliant water system if the district has submitted and is complying with a plan and schedule of improvements approved by the department.

Title 64 Real Property and Conveyances

64.44 Contaminated Properties: Establishes reporting and decontamination requirements for property contaminated by hazardous chemicals. Grants the department the authority to issue certificates to contractors to perform decontamination, to establish performance standards for contractors, and to require annual refresher courses. Grants the state board of health authority to adopt rules, and grants the department the authority to develop guidelines for decontamination and testing.

Title 68 Cemeteries, Morgues, and Human Remains

68.50 Human Remains: Governs the proper handling and disposal of human remains. Requires the department to adopt rules regarding proper hospital procedure for anatomical gifts.

Title 69 Food, Drugs, Cosmetics, and Poisons

69.04 Food, Drug and Cosmetic Act: Designates the board of pharmacy to carry out and make rules regarding the provisions relating to drugs and cosmetics. Grants the secretary authority, with the director of the department of agriculture, to adopt rules regarding the transportation of bulk foods in vehicles and vessels.

69.06 Food and Beverage Establishment Workers' Permits: Requires permits for workers in food and beverage establishments. Authorized the board of health to set fees for permits and renewals.

Statutory Authority

69.07 Washington Food Processing Act: Requires special, temporary permit issued by the department for the slaughter and preparation of one thousand or fewer pastured chickens in a calendar year by the agricultural producer of the chickens for the sale of whole raw chickens by the producer and also permits the department to make rules under this section.

69.30 Sanitary Control of Shellfish: Authorizes the board of health to adopt rules for the sanitation of shellfish, shellfish growing areas, and shellfish harvest. Requires a certificate approval from the department for shellfish growing areas from which shellfish for human consumption are harvested. Requires a certificate of approval from the department for culling, shucking or packing of shellfish for human consumption. Grants the department the authority to grant, deny, revoke, suspend, and modify certificates, and to impose civil penalties for violations.

69.38 Poisons - Sales and Manufacturing: Requires registry of sales of certain poisons. Grants the department the authority to issue licenses for the sale or manufacture of poisons.

69.41 Legend Drugs - Prescription Drugs: Grants board of pharmacy of the department rule making authority to carry out several provisions.

69.43 Precursor Drugs: Requires a report to the board of pharmacy of transfers of certain permit, issued by the board of pharmacy, to sell, transfer or furnish such substances. Requires record keeping for all transactions. Restricts the sales and possession of ephedrine, pseudoephedrine and phenylpropanolamine.

69.45 Drug Samples: Requires registration with the department prior to distribution of drug samples in the state. Regulates record keeping, storage and transportation, distribution and disposal of drug samples.

69.50 Uniform Controlled Substance Act: Authorizes the board of pharmacy to enforce the chapter and to add to, remove from, or reschedule controlled substances on the statutory list. Designates schedule I through V controlled substances. Requires registration with the department prior to the manufacture, distribution or dispensing of controlled substances.

69.51 Controlled Substance Therapeutic Research Act: Creates the controlled substances therapeutic research program, to register bona fide controlled substance therapeutic research projects with the department. Creates a committee to review applications. Authorizes the board of pharmacy to obtain marijuana for use by approved practitioners and institutions.

69.60 Over-the -Counter Medications: Grants the board of pharmacy the authority to administer this chapter.

Title 70 Public Health and Safety

70.02 Medical Records - Health Care Information Access and Disclosure: Authorizes disclosure of health care information to the department without patient consent when necessary for research or licensing proceedings.

70.05 Local Health Department, Boards, Officers - Regulations: Authorizes creation of county boards of health. Creates position of local health officer and the qualifications to hold the position. Grants broad public health authority to local health officer, including authority to grant waiver of state board of health on-site sewage systems. Requires report of contagious and infectious diseases to state board of health.

70.08 Combined City - County Health Department: Authorizes a city of more than 100,000 populations and the county it is located in to form a combined city-county health department. Creates position of director of public health, with same legal authority as local health officer, and establishes qualifications for that position.

70.12 Public Health Funds: Authorizes the secretary to expend funds in the counties for public health work, out of funds appropriated for that purpose. Authorizes counties to create and spend a public health pooling fund.

70.14 Health Services Purchased by State Agencies: RCW 70.14.050 requires each agency administering a state purchased health care program cooperate with other agencies and take any necessary actions to control costs without reducing the quality of care when reimbursing for or purchasing drugs.

70.22 Mosquito Control: Authorizes the secretary of health to inspect, investigate and conduct studies to ascertain the effect of mosquitoes as a health hazard.

70.24 Control and Treatment of Sexually Transmitted Diseases: Sets out regulatory authority with respect to sexually transmitted diseases (STDs), including HIV and AIDS. Grants the board of health rulemaking authority under this chapter. Authorizes state and local public health officials to interview, examine, investigate and counsel persons believed to be infected with a sexually transmitted disease, including orders of restriction and to cease and desist from specified behavior. Authorizes an action for detention. Prohibits disclosure of identity of persons undergoing HIV testing or the results of the test except under specific circumstances. Authorizes reporting of STDs pursuant to rules adopted by the board of health. Requires AIDS education and training for health care professionals, emergency medical personnel, and

certain public employees. Requires the department to establish a statewide system of regional AIDS service networks.

70.28 Control of Tuberculosis: Requires physicians to report all cases of tuberculosis to local board of health. Grants local health officer broad authority to investigate existence of cases of tuberculosis and source of infection, including inspection, examination, treatment and quarantine or isolation. Grants state board of health authority to adopt rules for reporting, due process standards for exercise of local health officer's authority, and training.

70.30 Tuberculosis Hospitals and Facilities: Authorizes admission to appropriate facilities for all individuals with tuberculosis. Grants the department authority to determine an individual's ability to pay for treatment, and to conduct annual inspections of tuberculosis facilities.

70.37 Health Care Facilities: Designates the secretary of health as a member of the five member authority.

70.38 Health Planning and Development: Grants the department the authority to issue, deny, suspend or revoke certificates of need, and to adopt rules for the program.

70.40 Hospital and Medical Facilities Survey and Construction Act: Establishes a "section of hospital and medical facility survey and construction" within the department. Grants that section sole responsibility to inventory existing hospitals and medical facilities, survey the need for new construction, and develop a plan for construction of new facilities.

70.41 Hospital Licensing and Regulation: Grants the department the authority to license and inspect hospitals; to develop minimum standards and rules for the construction, maintenance and operation of hospitals; and to enforce those standards and rules.

70.42 Medical Test Sites: Grants the department the authority to license and inspect medical test sites; to develop minimum standards and rules for the operation of medical test sites; and to enforce those standards and rules. Requires annual licensing of medical test sites. Authorizes denial, suspension or revocation of licenses.

70.44 Public Hospital Districts: Requires a hospital district to obtain an opinion from a qualified expert or the department that the districts acquisition of a hospital meets the standards for accessible and affordable health.

70.45 Acquisition of Nonprofit Hospitals: Requires that the acquisition of a non-profit hospital must be reviewed and approved by the department. Grants department authority to contract and adopt rules to implement the chapter.

70.46 Health Districts: Authorizes creation of one and two county health districts by county legislative authorities, and creation of a health district fund.

70.50 State Otologist: Requires the secretary to appoint an otologist, who shall cooperate with the department of public instruction and with health officers to seek hearing impaired children and examine those children when referred to him.

70.54 Miscellaneous Health and Safety Provisions: Sets out various public health and safety requirements, including: the authority of the secretary to advise local authority on sanitation; requiring doors of public buildings to swing outward; granting rulemaking authority for labor camps to the board of health; provisions re laetrile, DMSO, pay toilets; and utility pole attachments; creates the cancer registry program and a bone marrow donor recruitment and education program, under the administration of the department; and the authority of the department to adopt rules for the sterilization of needles and instruments by electrologists and tattoo artists.

70.58 Vital Statistics: Establishes system of local registrars and their duties. Sets out requirements for birth certificates and death certificates. Grants the state board of health authority to require by rule additional information on birth certificates.

70.62 Transient Accommodations - Licensing - Inspection: Grants the state board of health authority to adopt rules regarding the maintenance and operation of transient accommodations. Grants the department the authority to license and inspect transient accommodations, and to enforce board of health rules. Authorizes suspension or revocation of licenses.

70.83 Phenylketonoria and Other Preventable Heritable Disorders: Requires the department to require screening tests of all newborn infants for phenylketonoria and other heritable or metabolic disorders as defined by the state board of health. Requires all positive tests for phenylketonoria to be reported to the department.

70.83E Prenatal Newborn Screening for Exposure to Harmful Drugs: Requires the department to develop screening criteria and training protocols for identifying pregnant or lactating women addicted to drugs or alcohol or at risk of producing a drug affected baby.

70.90 Water Recreation Facilities: Authorizes board of health to adopt rules governing safety, sanitation and water quality for water recreation facilities. Allows local boards of health to establish additional rules. Requires the secretary to enforce the board's rules.

Statutory Authority

70.94 Washington Clean Air Act: Grants the department enforcement authority available under this chapter for emissions of radionuclides.

70.95 Solid Waste Management - Reduction and Recycling: Requires the department to cooperate with the departments of agriculture and ecology to adopt rules regarding labeling and notification requirements on sludge material sold or given away to the public.

70.95K Biomedical Waste: Authorizes the department, at the request of an applicant, to evaluate the environmental and public health impacts of biomedical waste treatment technologies, and grants the department rulemaking authority to implement that section. Regulates the disposal and collection of residential sharps waste.

70.96A Treatment for Alcoholism, Intoxication and Drug Addiction: Requires the department to execute an interagency agreement with three other agencies (DSHS, OSPI, and Corrections) to coordinate identification, prevention and intervention programs for fetal alcohol exposure.

70.98 Nuclear Energy and Radiation: Designates the department as the state radiation control agency, and grants it broad authority to carry out the regulatory provisions of this chapter. The department is required to provide by rule for the licensing of byproduct, source, special nuclear materials, or devices or equipment utilizing such materials, or other radioactive material occurring naturally or produced artificially. Authorizes suspension and revocation of licenses, and requiring financial assurance.

70.104 Pesticides - Health Hazards: Authorizes the department to investigate all suspected human cases of pesticide poisoning. Authorizes the department to assume control of property to dispose of hazardous substances and restore the property to a non-hazardous condition. Requires that health care providers report suspected cases of pesticide poisoning to the department, in compliance with state board of health rules. Requires the department to investigate pesticide poisonings. Requires the department to develop a program of medical education to alert health care providers regarding pesticide poisoning. Creates the pesticide incident reporting and tracking review panel, and designates the department as lead agency and the secretary or a designee as a member.

70.105D Hazardous Waste Cleanup - Model Toxics Control Act: Creates the state toxics control account, a portion of which may be appropriated to the department to implement programs to reduce testing requirements for public water systems.

70.108 Outdoor Music Festivals: Requires a permit to conduct an outdoor music festival. Requires that the application for a permit include written confirmation from the local health officer that he or she has reviewed plans and found them in compliance with the state board of health rules. Sets out the matters which the state board of health rules must address.

70.111 Infant Crib Safety Act: Intent section states that it is the intent of the legislature that informational materials regarding baby crib safety be available through the department. The chapter grants the department no specific authority to establish such a program.

70.114A Temporary Worker Housing - Health and Safety Regulation: Designates the department as the single state agency responsible for encouraging development of temporary worker housing and coordinating the efforts of state and local agencies. Authorizes the secretary or a representative to inspect housing and enforce state board of health rules. Authorizes adoption of a temporary worker housing building code and licensure of operators of temporary worker housing.

70.116 Public Water System Coordination Act of 1977: Provides for the development of coordinated water system plans for critical water supply service areas identified by the secretary or local authorities. Authorizes the secretary to review plans. Authorizes the secretary to resolve disputes regarding overlapping service areas. Authorizes the secretary to make rules regarding satellite system management agencies for areas without a purveyor or with an inadequate purveyor.

70.118 On-Site Sewage Disposal Systems: Requires local boards of health to identify failing septic tank drain fields, and grants authority, with the advice of the department, to waive plumbing or building codes to aid in correcting failures. Regulates the use of additives.

70.119 Public Water Supply Systems - Operators: Grants the secretary authority to adopt and enforce rules for the certification of operators, continuing education, and classifying water purification plants and distribution systems. Requires the secretary to categorize all public water systems. Authorizes issuance, renewal and revocation of certificates, and sets out penalties for violations.

70.119A Public Water Supply Systems - Penalties and Compliance: Authorizes the department and local health jurisdictions to enforce state board of health rules, including the authority to enter the premises of a public drinking water system. Authorizes a drinking water program within the department to assume primary enforcement of portions of the federal safe drinking water act. Creates the water supply advisory committee. Authorizes the department to ensure water use efficiency requirements and rules.

Statutory Authority

70.121 Mill Tailings - Licensing and Perpetual Care: Grants the department authority to license thorium and uranium mining operations, and sets out requirements for licensure, including a plan for reclamation and disposal of tailings and decommissioning of the site. Authorizes the secretary to monitor compliance with the license, including on-site inspections, and to require posting of a bond.

70.123 Shelters for Victims of Domestic Violence: Requires that DSHS consult with the department in carrying out the duties assigned to it under this chapter.

70.127 Home Health, Hospice and Home Care Agencies -Licensure: Grants the department the authority to license and inspect home health, hospice and home care agencies; to develop minimum standards and rules for the operation of those agencies; and to enforce those standards and rules. Requires annual licensing. Authorizes denial, suspension or revocation of licenses.

70.129 Long Term Care Resident Rights: Requires the long-term care ombudsman to consult with the Departments of Health and Social and Health Services, long term care facility organizations, resident groups, and senior and disabled citizen organizations.

70.142 Chemical Contaminants and Water Quality: Requires the state board of health to establish rules regarding allowable concentrations of synthetic chemical contaminants and rules regarding monitoring requirements. Results of those tests shall be provided to the department and local health departments. Public water systems determined not to be in compliance with the water quality standards must submit a plan of correction to the department.

70.148 Underground Petroleum Storage Tanks: Requires the Department of Ecology to consult with the department regarding charity care that is provided by a rural hospital in return for financial assistance for operation of an underground storage tank.

70.155 Tobacco - Access to Minors: Regulates the sale and distribution of tobacco products to prevent access to those products by minors. Creates the youth tobacco prevention account to be used by the department to implement this chapter; to assist in the cost of enforcement and licensing activity, and to provide grants to local health departments or other agencies for tobacco intervention strategies to prevent and reduce tobacco use by youth. RCW 70.155.010

70.168 State-Wide Trauma Care System: Creates the emergency medical services and trauma care steering committee. Grants to the department the authority to establish the Washington state emergency medical services and trauma care system, including rulemaking authority. Requires the department to establish standards and create system. Authorizes the department to accept applications from and make designations of trauma care service providers, and to establish a state-wide data registry. Creates regional and local emergency medical services and trauma care councils to assist in administering the state-wide system.

70.170 Health Data and Charity Care: Sets out required and prohibited hospital practices and policies regarding provision of care to those unable to pay. Requires the department to develop rules and monitor compliance with those requirements and prohibitions. Provides for an assessment against hospitals to pay for data collection required by this section.

70.175 Rural Health System Project: Authorizes the department to establish the Washington rural health system project to provide financial and technical assistance to participants. Grants the department the authority to adopt rules; to design and implement the project selection process; and to design, approve, and implement standards; identify resources; administer funds; and report to the legislature. Grants the department the authority to adopt and administer standards for the construction, maintenance, operation and licensure of rural health care facilities.

70.180 Rural Health Care: Authorizes the department to establish or contract for a health professional temporary substitute resource pool and to establish a registry of health care professionals available to practice on a short term basis in rural communities. Authorizes the department to develop a plan for increasing rural training for health care professionals, and to develop a state-wide plan for access to midwifery services.

70.185 Rural and Underserved Areas - Health Care Professional Recruitment and Retention: Authorizes the department to establish a health professional recruitment and retention clearinghouse. Allows the department to call on other state agencies for assistance, and to develop a mechanism to allow enrollment above enrollment lids at educational and training programs in underserved and rural areas.

70.190 Family Policy Council: Establishes the family policy council, and designates the secretary as a member.

70.195 Early Intervention Services - Birth to Six: Creates a state birth-to-six interagency coordinating council, appointed by the governor. Requires coordination among state agencies, including the department, and with local agencies in the planning and delivery of early intervention services for infants and toddlers.

Title 71 Mental Illness

71.09 Sexually Violent Predators: RCW 71.09.040 requires DSHS to consult with the department and the department of corrections in adopting rules regarding the qualifications of persons conducting evaluations.

Statutory Authority

71.12 Private Establishments: Requires licensure by the department of private hospitals, sanitariums, homes, or other places receiving or caring for any mentally ill or mentally incompetent person or alcoholic. Authorizes the department to inspect facilities prior to and after licensure, and to issue and renew licenses

Title 74 Public Assistance

74.09 Medical Care: RCW 74.09.435 requires the department to assist in reevaluating, on a biennial basis, the access of children in poverty to health care. RCW 74.09.055 authorizes the department establish co-payment, deductible, coinsurance, or other cost-sharing requirements for recipients of any medical programs defined in RCW 74.09.010. RCW 74.09.650

74.12 Temporary Assistance for Needy Families: Establishes state TANF program. Provides that DSHS staff provide TANF recipients information and assistance regarding family planning, including alternatives to abortion, in consultation with the department. RCW 74.12.410 requires the department to apply for federal abstinence education funds and seek and accept local matching funds for that purpose.

74.15 Care of Children, Expectant Mothers, and Developmentally Disabled: Grants the secretary the authority to develop minimum requirements for licensure of agencies; to inspect and investigate agencies; and to issue certificates of compliance.

74.20A Support of Dependent Children - Alternative Method - 1971 Act: RCW 74.20A.056 sets out the process for a finding of financial responsibility based on an affidavit of paternity filed with the state registrar of vital statistics, and grants the department authority to draft rules to carry out the provisions of that section.

74.34 Abuse of Vulnerable Adults: Grants immunity and whistleblower protection against retaliation to persons who report abuse of vulnerable adults to the department or DSHS in connection with long-term care, home health and home care facilities and services.

74.42 Nursing Homes - Resident Care, Operating Standards: Requires DSHS to coordinate with the department when inspecting long term care beds in hospitals.

Title 80 Public Utilities

80.04 Regulations - General: Authorizes the utilities and transportation commission to audit a non-municipal water system upon receipt of an order from the department finding that the system does not meet department or board of health standards. Authorizes customers to file complaints, and authorizes the commission to request the department or local health department to conduct a test to determine compliance with state drinking water standards.

80.28 Gas, Electrical and Water Companies: Grants immunity from lawsuits based on noncompliance with federal or state requirements to a water company that assumes responsibility for a noncompliant water system if the company has submitted and is complying with a plan and schedule of improvements approved by the department.

80.50 Energy Facilities - Site Locations: Creates the energy facility site evaluation council, and designates the secretary or a designee to serve on the council.

Title 87 Irrigation

87.03 Irrigation Districts Generally: Grants immunity from lawsuits based on noncompliance with federal or state requirements to an irrigation district that assumes responsibility for a noncompliant water system if the irrigation district has submitted and is complying with a plan and schedule of improvements approved by the department.

Title 90 Water Rights Environment

90.03 Water Code: Establishes a process for the review and approval of interties between public water systems, and designates the department as the lead agency for review and approval of proposals for new interties, after which an application must be filed with the department of ecology for a change in existing water rights.

90.46 Reclaimed Water Use: Grants the department, in coordination with the department of ecology, authority to create standards, procedures and guidelines for the industrial and commercial use of reclaimed water, and for land use of reclaimed water. Grants authority to issue reclaimed water use permits to the department (for commercial and industrial use) and the department of ecology (for land use). Authorizes the department to create an advisory committee to provide technical assistance in developing standards, procedures, and guidelines.

90.60 Environmental Permit Assistance: Creates a permit assistance center to serve as a source of information and coordinate the granting of environmental permits among all agencies with authority over a project. The department is designated as a “permit agency” that participates in the coordinated permit process through the center.

Statutory Authority

90.71 Puget Sound Water Quality Protection: Creates the Puget Sound action team, and designates the secretary as a member.

90.72 Shellfish Protection Districts: Requires creation of a shellfish protection district within 180 days of the department closing or downgrading a shellfish growing area due to ongoing non-point pollution sources.

90.82 Watershed Planning: Requires the department to annually compile a list of water system plans and plan updates to be reviewed by the department during the coming year and to consult with the departments of community, trade, and economic development, ecology, and fish and wildlife.

Reports

The Health of Washington State Report (HWS) provides an overview of disease and related risk and protective factors, health-related environmental issues, and health services issues that are important for health in Washington. HWS provides:

- current measures of the magnitude of health and related problems in Washington to allow comparisons to the U.S., and to aid LHJs in comparing themselves to the state as a whole;
- measures over time to aid in determining whether we are improving and to identify emerging problems;
- measures by groups within the total population to identify disparities by race and ethnicity, urban or rural residence, age and sex; and
- information on effective programs designed to reduce illness and maximize health.

The HWS is intended to be used for policy decision-making and program planning in topic-specific areas. HWS was first published in 1996. Historically funding for this report has been piecemeal as there have been no dedicated dollars for compiling this report which requires approximately 5 FTEs across the department. Dedicated resources will be required if this work is to continue.

The Maternal and Child Health (MCH) Report summarizes the various health indicators of the MCH population. The report is modeled after the Health of Washington State and

tracks the behaviors and health outcomes of the MCH population and an overview of the publicly funded services available to improve health care access or health outcomes.

The Perinatal Indicators Report provides key information to identify perinatal health issues and help guide decision-making by DOH and DSHS Medical Assistance Administration. The report is a collaborative project conducted by the Statewide Perinatal Advisory Committee, the First Steps Database staff from the DSHS Division of Research, Analysis and Data, and Maternal and Infant Health and Maternal Child Health Assessment staff from the Department of Health. The indicators are derived from Washington State birth, fetal death and death certificate data, the First Steps Database, and the Pregnancy Risk Assessment Monitoring System.

The Report Card on Health was developed by the Public Health Improvement Partnership's Key Health Indicators Committee in response to a legislative mandate to make health data more understandable. The first Report Card was published in 2005. The Report Card answers the question "How healthy are we?" by grading health related indicators in 6 topic areas: overall health, environmental health, community health, the health care system, family health, and behaviors.

Additional DOH Reports are listed on the next page.

Reports

Report	Report Due Dates and Frequency
Adoption	10/1/06 (final)
Adverse Affect of Significant Rules	11/14/07, 11/14/09 (biennial)
American Indian Health Care Delivery	7/1/07, 7/1/09 (biennial)
Asthma Planning	12/1/07, 12/1/09 (biennial)
Autism Task Force	12/1/06 (final)
Breast & Cervical Cancer	12/15/06 (one-time)
Centennial Accord	6/1/06, 6/1/07, 6/1/08, 6/1/09 (annual)
Charity Care	6/1/06, 6/1/07, 6/1/08, 6/1/09 (annual)
Cruise Ship Virus Study	11/30/07 (one-time)
Department of Health Granting Authority	1/1/06, 1/1/07 (2 years only)
Drinking Water – Water System Capacity	9/30/08 (every 3 years)
Health Care Declarations	12/1/08 (one-time)
Health Care Liability Reform (Adverse Events Reporting)	1/1/08, 1/1/09 (annual)
Health Disparities Council	1/15/08 (biennial until 2012)
Health Professions Funding Alternate Models	12/1/06 (one-time)
Health Professions Sexual Misconduct	5/4/07, 5/4/08, 5/4/09 (annual)
Hospital Survey Pilot Project	12/31/06, 12/31/07, 12/31/08, 12/31/09 (annual)
Newborn Screening	9/30/06, 9/30/07, 9/30/08, 9/30/09 (annual)
Non-Citizen Project	1/1/06 (preliminary), 1/1/07 (final)
On-site Sewage/Marine Areas	12/31/08 (one-time)
Pandemic Influenza	11/15/08 (one-time)
Pesticide Incident Reporting & Tracking (PIRT)	6/1/06, 6/1/07, 6/1/08, 6/1/09 (annual)
Precursor Drugs	11/1/07 (pilot project)
State Publications	3/15/07, 3/15/08, 3/15/09 (annual)
Visual Screening Work Group	12/1/06 (final)

Office of the Secretary

The Office of the Secretary (OS) provides leadership, coordination and internal support for the efficient operation of the agency. It ensures the policies and actions of the agency are aligned with the intent and priorities of the administration. It also provides a clear focal point for communication, medical advice and accountability.

Critical Issues

Coordination: Disease prevention and response to outbreaks requires a coordinated effort at the local, state, interstate, federal and international levels.

Public Disclosure: A citizen's right to know is facing increasing barriers with individual privacy and medical records protection laws enacted federally. Balancing the competing interests requires careful attention.

Quality Performance: The agency has aligned its programs, participated in the Priorities of Government (POG) process and produced strategic plans with measurable performance indicators. We need to use these tools to guide our work and apply resources toward continuous improvement in health outcomes for the citizens of the state.

Greatest Challenges

Resources: Much of our funding is categorical or dedicated, and the majority is federal. This allows limited ability to shift funds to address emerging issues and unmet needs.

Health Disparities: Data indicates that health status is not the same for all, and is worse for certain ethnic, racial or social groups. Elimination of disparities in health is an emerging challenge.

Communications: Our citizens are being inundated with messages about risks, new emerging threats and health care concerns daily. We must continue to be a credible voice providing solid science-based advice to the people of Washington state.

Model Programs

Strategic Planning: The 2007-09 strategic plan links key agency strategies and goals with performance measures. It is a basis for the 07-09 budget.

Public Health Program Alignment: This is an agency-wide process to produce a ranked listing of agency programs by public health benefit and importance.

DOH Web Page: Over the last seven years the agency has totally restructured its Web presence. The public has more contact with DOH through this portal than any other single outreach effort.

Participation in POG: This effort demonstrates the value of prevention to control health care costs.

Quick Facts

- *Second best agency safety record in 2003*
- *33 percent reduction in tort claims, 01-03*
- *Between 5 and 6 million Web page hits per month*
- *171 news releases annually (2005)*
- *$919.4 million budget for 2005-07*

Office of the Secretary

Return on Investment

Prevention is cheaper that treatment. This is the underlying economic principle of public health, which is not fundamentally concerned with the repair of damage already done, but rather the prevention of damage in the first place and the promotion of positive and improved health. The following are some current national examples from Healthy People 2010:

- 50,000 premature deaths and $40 - $50 billion in annual medical cost associated with outdoor air pollution
- $3 billion each year in hospitalization and $20-$40 billion a year in lost productivity due to microbial contaminated food
- $244 billion in annual costs related to injuries
- $6,200 in average hospital costs for each low-birth weight birth, compared to $1,900 for a normal, healthy delivery

The Office of the Secretary (OS) includes the secretary, deputy secretary and the state health officer. The role of the OS is to assure that limited public health resources are directed where the needs are greatest and where the benefits are achievable and maximized for the greatest impact. The secretary establishes a single point of accountability for the agency. The deputy secretary ensures leadership in case the secretary is absent or unable to perform, while providing day to day oversight of operations. The state health officer connects the agency with clinical providers, especially the private sector,where leverage of evidence-based practice improves individual and community health. This leadership role also supports the role of the local health officers who have broad responsibilities for protecting the public in local health jurisdictions.

Authorizing Environment

RCW 43.17 – Secretary of Health, establishes

RCW 43.70 – Department of Health, General Provisions

RCW 70.05 – Local Health Departments, Boards, Officers

RCW 70.08 – Combined City-County Health Department

RCW 70.12 – Public Health Funds

RCW 42.17 – Public Disclosure

Public Law 104-191 – Health Insurance Portability and Accountability Act of 1996

Critical Partners

- Local health jurisdictions
- Centers for Disease Control and Prevention
- Department of Ecology
- Department of Agriculture
- Military Department
- Health and Human Services

The mission of the Financial Services Division is to protect and improve the health of people in Washington state by providing quality financial and administrative services to agency programs.

Financial Services Division

The Financial Services Division (FSD) provides operational guidance and support for agency priorities and programs through quality budgeting, contracting, grant management, purchasing, property management and accounting services.

Critical Issues

Risk: Managing agency financial risk in contracting, purchasing and grants must keep pace with a growing number of business transactions.

Compliance: Federal and state laws and regulations are becoming more complex and are constantly changing. Compliance must be achieved without impacting productivity or customer service.

Change Management: DOH procedures and systems must keep pace with rapidly changing technology, new statewide administrative systems and customer expectations. Financial Services is responding to these critical issues with improved employee training, better internal controls and new systems and processes designed to ensure appropriate use of state resources.

Greatest Challenges

Staffing: Recruitment and retention of a skilled workforce to deliver quality services efficiently is growing more difficult. Financial Services is faced with competition in hiring, compensation limitations and increasing workloads.

Systems: Internal and external customers require greater amounts of high quality information more rapidly. Financial Services is working to provide better information systems to satisfy rapidly-increasing needs and expectations.

Facilities: Ensuring a safe and healthy environment for our staff and customers is a fundamental responsibility. Financial Services is managing the agency's efforts to consolidate and upgrade its facilities.

Model Programs

Better Financial Systems: ADDS.NET is a new Web-based system that provides DOH staff with more powerful financial tools. Timely and accurate financial analysis is fundamental to achieving program objectives.

Online Purchasing: Purchase Plus is a Web-based on-line system that provides DOH staff with streamlined purchasing tools and easy access to the status of their pending orders.

Co-Location: Consolidation of 21 office buildings in Thurston County into four co-located buildings has increased the efficiency of agency operations. The newest buildings are Leadership in Energy and Environmental Design (LEED) certified.

Quick Facts

In 2005 Financial Services managed:

- *1,583 contract actions*
- *320,000 fee revenue receipts*
- *9,425 purchases*
- *89,000 payments to 18,000 vendors*
- *420 Facilities Requests*

Financial Services Division

Return on Investment

The Department of Health's investment in financial and administrative capacity is necessary for achieving the agency's mission and goals. Much of the department's effectiveness depends on its ability to manage business transactions quickly and efficiently. Budget, accounting, grants management, facilities, purchasing and contracting are the foundation for all DOH programs.

DOH's commitment to providing quality administrative support has produced a significant return on investment. Financial Services has:

- Kept pace with a growing workload by increasing productivity while working with limited resources
- Moved toward an enterprise approach to purchasing
- Automated revenue collections
- Achieved compliance with federal grant and contract requirements
- Improved accountability to the auditor and the public

CORE Services: The department's investment in Financial Services provides for these essential business functions:

- Vendor payments
- Payroll management
- Contract management
- Employee and board member travel reimbursement
- Management information
- Facilities management
- Receiving and posting fee revenue
- Managing reimbursement for federal grants and contracts
- Agency budget development and monitoring

Authorizing Environment

RCW 30.29 - Personal Service Contracts
RCW 43.88 - Budgeting, Accounting & Reporting Systems Act
RCW 39.34 - Inter-local Cooperative Act
RCW 43.19 - State Purchasing Manual
RCW 43.105 - IT Master Contract
RCW 43.10.030 - Office of the Attorney General
RCW 41.07 - Department of Personnel

Critical Partners

- US Department of Health and Human Services
- Washington State Office of Financial Management
- Washington State Department of General Administration
- Washington State Office of the Attorney General
- Washington State Board of Health
- Local Health Jurisdictions
- Agency programs & staff
- DOH vendors & contractors

The Office of Human Resources provides professional HR consultation to build and maintain a diverse and competent workforce within the Department of Health

Office of Human Resources

The Office of Human Resources (OHR) provides professional-level consultation and personnel administration to programs and divisions on human resource-related issues including position establishment; recruitment and hiring; employee development; benefits; performance guidance; reasonable accommodation; compensation; classification; organizational structure development; and labor relations.

Critical Issues

Recruitment & Retention:

- Use a multi-faceted approach to meet increasing needs in spite of a decreasing public health workforce.
- Use decentralized recruitment to target diverse and competent applicants and be able to better match to position needs

Employee Development: Use Performance Management

Competitive Contracting: Evaluate possible DOH applications.

Collective Bargaining: Continue leadership in state negotiations.

Human Resource Management System: Use effective business practices to implement the Human Resource Management System (HRMS).

Greatest Challenges

Personnel System Reform Act (PSRA) Implementation:

1. Personnel Administration: Document business practices or workflows, review staff roles and use to identify streamlining options to support implementation of SAP/HRMS.

2. Payroll Administration: Document business practices or workflows, review staff roles and use to identify streamlining options to support implementation of SAP/HRMS.

3. Release 2 Development: Work with steering committee and project team to identify release two options and applicability within the DOH.

Model Programs

Online New Employee Orientation (NEO): Personalized an online NEO to effectively meet new employee needs.

Mandatory Training Web site: Developed a thorough compilation of all DOH mandatory training and created a Web site that makes it a user-friendly resource for staff, supervisors and managers: http://dohweb.doh.wa.lcl/hr/RequiredTraining/training_hr_main.htm.

Labor Relations Program Development: Developed an effective and responsive Labor Relations program; negotiated the first ever DOH contract; trained supervisors and managers; and participated in master agreement negotiations.

Critical Issues

Quick Facts

- *15.4 percent of DOH staff are eligible for retirement by June 30, 2007*
- *Ratio of professional HR staff to DOH staff is 1:89 (16:1422)*
- *Two unions represent staff bargaining units;*
  - *Wash. Federation of State Employees (WFSE) (75 percent)*
  - *SEIU 1199 (2*
- *Processed 2266 position actions through 2005*
- *Processed 5411 personnel actions through 2005*

Office of Human Resources

Return on Investment

The Office of Human Resources aligned its limited resources to focus on important customer services, such as:

- Management consultation in the various HR areas to promote strategic approaches and effective risk management that will meet and exceed program and division human resource needs
- Partnering with managers and supervisors to develop creative outreach efforts that will support identification of a competent and diverse workforce, piloting decentralized recruitments to set foundation for program implementation
- Collective Bargaining Administration to ensure compliance with applicable labor law and facilitate accomplishments of mission-critical agency objectives, including ongoing training of new supervisors

As we approach implementation of the SAP/HRMS, we continue to increase our competency levels using the system to support efficiencies so that we may improve our customer service. The main areas of focus for implementation include:

- Personnel Administration (streamlining business practices and workflows within new systems), providing online resources for all DOH employees dependant on their roles and responsibilities
- Payroll Administration (streamlining business practices and workflows within new systems), providing online resources for all DOH employees dependant on their roles and responsibilities

Authorizing Environment

Human Resource programs in state government are authorized through several rules, state and federal laws, including:

- Civil Service Law (Chapter 41, specifically chapters 41.06 and 41.80)
- Washington State Law Against Discrimination (WSLAD)
- Fair Labor Standards Act (FLSA)
- RCW Chapter 356 (being revised to Chapter 357)
- Americans with Disabilities Act (ADA)
- EEOC and HRC guidelines
- Executive Ethics guidelines

Critical Partners

- Department of Personnel
- HR peers in other agencies
- DOH Exec Management and staff at all levels
- Union representatives (WFSE and SEIU 1199)
- OFM – Labor Relations Office
- Office of the Attorney General

The mission of Division of Information Resource Management is to protect and improve the health of people in Washington state by delivering quality technology services to agency programs.

Division of Information Resource Management

The Division of Information Resource Management's (DIRM) vision is that through astute management of Information Technology (IT) resources in support of public health protection and improvement, the Washington State Department of Health:

- Maintains a secure and trusted technology infrastructure
- Delivers innovative applications in support of business needs

Critical Issues

Federal Funding of State Public Health Programs and Systems in Decline: It will fall to the state to maintain investments made by the federal government in public health protection and improvement. Long term funding of infrastructure and systems is critical to the many programs and services who rely on accurate data and secure access and transmission technologies.

Disaster Recovery of Critical Health Systems: If a disaster occurred today, we could suffer irrevocable data loss and system outages lasting weeks. We cannot implement the most efficient recovery strategy without capital improvements to the Public Health Laboratories and operating budget funding. Our 2005-07 capital and operating request was not included in the governor's budget.

Greatest Challenges

Fragmented System: Less than half of our IT staff and expenditures are centrally managed. Fragmented reporting and distributed resource control are a constant challenge to efficiency, communication, coordination and IT staff skill development. Directing resources to support agency priorities, developing depth and breadth of experience, and workload balancing continue to challenge us.

Stretched Resources: As we seek to leverage technology to deliver services in a time of shrinking budgets, agency technical staffing resources are pushed to the limit. The number of central IT staff has remained virtually unchanged for the past ten years while agency staff and workloads have continued to increase as new services and systems needing support have been introduced.

Model Programs

Department of Health Data Center Established: Our 2004 move to Tumwater afforded the opportunity to design and build a new state-of-the-art agency data center in the Town Center 1 (TC1) building. The two IT shops which remained at our New Market campus migrated to the new data center with their move to Town Center 2 (TC2) in the summer of 2005. Through this consolidation, the security and stability of our IT environment were improved and opportunities for efficiency in resource-sharing are now possible.

New IT Project Resource Center: We recently redirected a vacant FTE to develop an IT Project Resource Center. Initially, we will establish guidelines and promote best practices among project managers agency-wide. These steps will help to reduce project risk, increasing project success and consistency.

Quick IT Facts

- 1800 PCs on DOH network
- DIRM supports 150 application, database & file/print servers
- 219 BlackBerry handheld communications devices supported
- 765 monthly Help Desk service requests
- 91 IT vendor contracts processed biennium to date
- 85 active IT projects
- 270 production systems

Division of Information Resource Management

Return on Investment

DIRM manages the department's IT portfolio as a resource for informed decision-making among program managers, executives, partners and regulatory agencies. The portfolio contains information on the department's investment in resources, expenditures, staffing, infrastructure, applications and projects. It is used to identify efficiency and collaboration opportunities both within the department and with our public health partners. The topics here are explored in greater detail within the portfolio, and it is a valuable reference for decision-makers.

DIRM Core Services:

- Business continuity services
- IT convenience contracts
- Project resources and portfolio management
- IT standards policies
- Agency-wide application development and support
- Data/database management
- Geographic Information Systems (GIS)
- Web services
- E-mail/remote access
- Network support
- Telecommunications
- Data center/IT lab
- Help desk
- IT security
- IT purchasing

Authorizing Environment

DIRM services are provided in compliance with Washington State Office of Financial Management and Washington State Information Services Board policies to include:

- IT Portfolio Management Policy 100-P1
- IT Planning Policy 106-P1
- IT Investment Policy 200-P1
- Project Management Policy 300-P1
- IT Security Policy 400-P1
- IT Disaster Recovery and Business Resumption Policy 500-P1
- Computer Software Piracy Policy 210-P2 and related Executive Order 00-02
- Public Records Privacy Protection Policy 804-P1
- Computing and Telecommunications Policy 700-P1

Critical Partners

- US Department of Health and Human Services
- US Centers for Disease Control and Prevention
- US Department of Homeland Security
- Washington State Information Services Board
- Washington State Department of Information Services (DIS)
- Washington State Office of Financial Management
- DIS Customer Advisory Board
- Washington Computer Incident Response Committee
- Public Health Information Technology Committee

Community and Family Health's mission is to enhance the health of communities through culturally sensitive programs that promote a healthy start, healthy choices, and access to services.

COMMUNITY AND FAMILY HEALTH

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Critical Issues

Chronic Disease: People with chronic conditions often do not receive the care they need. Development of medical homes is critical to improving the use of treatments and medications, the number of hospitalizations and emergency room use. Improving the delivery and coordination of care of children and adults with chronic diseases leads to an improved outcomes and quality of life.

Vaccines and Immunizations: New vaccines, vaccine combinations and school entry mandate changes are stressing the resource base. In the coming years, the budget implications of these vaccine changes will threaten our ability to continue to offer universal access to childhood vaccines.

Obesity rates in Washington have doubled over the last decade. Research has shown that behavior choices and subsequent health outcomes are profoundly influenced by the culture surrounding us. Simply put, if people have access to healthy foods, they are more likely to eat better. Communities with safe opportunities for walking and biking encourage physical activity.

Hepititis C virus (HCV) is one of Washington's major public health problems. Over 25, 000 cases have been reported, with an estimated 110,000 infected people statewide. This estimate is eight times the number of estimated HIV infected people.

Increased Pressure on Federal Funds which make up 65 percent of the CFH budget. Currently the division is experiencing significant reductions. This in turn is impacting the funding available for the state to pass on to local efforts.

The Identification of Health Disparities is being addressed by creating an inventory of programs that have efforts in place to reduce disparities and identify the areas where gaps still exist.

Model Programs

Collaborative Partnerships: CFH is increasing opportunities to involve partners in planning and deployment of programs and activities to improve health outcomes. Two examples are **The Washington State Collaborative,** which works to implement a model of care for people with chronic conditions, targeting diabetes and cardiovascular disease; and **Comprehensive Cancer,** which developed and implements a state plan designed to reduce cancer incidence, morbidity and mortality and increase quality of life.

CHILD Profile: Washington state's health promotion and immunization registry system is designed to help ensure our children receive critical preventive care.

Tobacco Prevention & Control: In partnership with non-profits and local health officials, the program has developed a comprehensive and successful approach to preventing tobacco use among residents.

Division of Community and Family Health

Return on Investment

Tobacco Prevention & Control : CFH's comprehensive tobacco prevention program is driving down smoking rates in this state. Smoking during pregnancy is down by 25% since 1998. There are a total of 115,000 fewer smokers since the program started. This translates into a total of $1.4 Billion saved in future health care costs.

Women, Infants & Children: Every WIC dollar used to serve pregnant women saves $1.92 to $4.21 in Medicaid costs. WIC has also reduced the rate of very low birth-weight babies by 44 percent. This translates to a cost savings of between $30,000 and $70,000 for each case, the price of raising a low or very low birth-weight baby to normal weight.

Maternal and Infant Health: Total infant mortality, race-specific infant mortality and Medicaid-specific infant mortality have declined substantially since 1990. First Steps, a program jointly administered by DSHS and DOH, has contributed to improvements in access to prenatal care.

Breast and Cervical Health: Since the program's inception in 1994, 80,295 clinical breast exams, 62,826 mammograms and 69,254 Pap tests have been performed. In addition, 12,129 breast and 1,744 cervical diagnostic procedures and consultations with specialists were done. The program has diagnosed 635 clients with breast cancer and 369 clients with cervical cancer or precancerous conditions.

Immunization: DOH purchases vaccines from Federal contracts at a 30% savings to the WA health care system.

HIV Early Intervention Program (EIP): The monthly cost for treating persons with HIV increases as CD4 counts decrease (indicating disease progression); the treatment cost per month for a person with a CD4 count below 200 is three times that of an individual with a CD4 count above 500. EIP decreases the community cost of treating HIV by sustaining necessary medical and treatment for individuals living with HIV/AIDS, and early treatment suppresses viral load which can reduce further transmission of infection.

Authorizing Environment

RCW 28A.210.060 - School-entry immunization program.
RCW 43.70.410 - Head injury prevention program created in DOH.
RCW 43.70.525 - Develop immunization assessment and enhancement proposals to provide immunization protection to the children of the state.
RCW 43.70.530 - Develop a plan for a home health visitor program to prevent child abuse and neglect.
RCW 43.70.560 - Develop a suggested reporting format for use by the media in reporting their voluntary violence reduction efforts.
RCW 43.70.640 - Workplace breastfeeding policies. Infant-friendly designation (note: funding repealed).
RCW 43.70.660 - Establish and maintain a product safety education campaign.
RCW 43.70.670 - HIV insurance program clarified and merged with DSHS's.
RCW 70.24 - Control & treatment of Sexually Transmitted Diseases.
RCW 70.28 - Control of Tuberculosis.
RCW 70.83C - Alcohol & Drug Use Treatment - Pregnancy.
RCW 70.125 - Victims of Sexual Assault Act.
RCW 70.155 - Tobacco – Access to Minors.
RCW 70.160 - Tobacco --WA Clean Indoor Air Act.
RCW 70.195 - Early Intervention Services -- 0 to Six.
RCW 70.198 - Early intervention services -- Hearing loss.

Critical Partners

- Susan G. Komen Breast Cancer Foundation
- American Cancer Society
- Local Health Jurisdictions
- American Indian Tribes within WA State
- Washington State Hospital Association
- American Academy of Pediatrics
- American Lung Association
- American Heart Association
- American Diabetes Association
- University of Washington (numerous departments)
- Planned Parenthood
- Department of Social and Health Services (numerous offices)
- Department of Transportation
- State Parks and Recreation Commission
- Lifelong AIDS Alliance
- Within Reach
- Office of Superintendent of Public Instruction

Environmental Health's mission is to protect and improve the health of people in Washington State by reducing their exposures to health hazards in the environment.

ENVIRONMENTAL HEALTH

The Environmental Health Division (EH) works with local health jurisdictions to prevent and control environmental factors that afffect public health. EH plans for and responds to these hazards during an emergency. The division includes programs to prevent illness from contaminated shellfish, ensure safe water is delivered from public water systems, protect citizens from harmful radiation, ensure food safety, and assess the health effects of human exposures to toxic substances.

Critical Issues

Onsite Septic Systems: Failing onsite systems threaten public health and water quality. We work with local health jurisdictions across the state, enhancing the management of onsite sewage programs to identify and eliminate pollution sources. A focus on Puget Sound, through marine water quality monitoring, we assure the safety of shellfish growing waters to ensure that shellfish harvested in our state are safe to eat.

Toxins in the Environment: Toxins are everywhere and in everyone. Assessing the health risks of environmental toxins is essential to prevent exposure to harmful levels and to effectively communicate health risk information. Our work focuses on children and schools because children are typically affected more than adults.

Greatest Challenges

Increased Public Awareness: The public is more aware of chemicals in their food, water and living environment. The ramifications for public health are not always clear and can be easily manipulated. DOH seeks to provide credible information to the public on these issues.

Local Coordination: Most EH programs are implemented by local health jurisdictions (LHJs) under rules or guidelines of the SBOH or DOH. The desire for statewide consistency often conflicts with equally desired local control.

Fee Driven Funding: Environmental Health programs are too often fee based with priorities driven by where fees are or can be charged. This limits state and local governments' ability to respond to emerging, non-regulatory environmental health concerns.

Model Programs

Clandestine Drug Labs: The department is recognized for its nationally-recognized program for its public health leadership in remediation of properties contaminated by illegal drug manufacturing. We train and certify private firms to assess and decontaminate drug lab properties so they can be safely inhabited.

Food Safety: This program is nationally recognized for its leadership of the state's retail food safety program, which is implemented by each LHJ. We provide training, guidance and coordination to each local program and the industry, and assist in investigating any potential food borne illness.

Shellfish Safety: Washington state produces 85 percent of the shellfish on the west coast. We implement a comprehensive program to ensure this food product is safe to eat.

Quick Facts

- *94 classified shellfish growing areas*
- *Over 17,000 public drinking water systems*
- *Approximately 5,800 X-ray machines registered*
- *800,000 onsite sewage systems serving 2.4 million Washington residents*
- *14 waterbody-specific fish consumption advisories*
- *329 licensed commercial shellfish operators*
- *More than 4,000 certified drinking water operators*

Return on Investment

More than 3 million people eat in restaurants with confidence thanks to local health jurisdictions and our Food Safety Program.

More than 5 million people in Washington state have safe water to drink because of the efforts of our Drinking Water Program.

Washington state is the leading U.S. producer of farmed shellfish and second in the country overall in shellfish production thanks in part to our Shellfish Program**.**

Nearly 75 cities, counties, mosquito control districts and businesses were able to apply for coverage under the department's NPDES permit for aquatic mosquito control because of our Zoonotic Disease Program.

More than 550 people who fish or know someone who fishes along the Spokane and Duwamish Rivers have learned how to prepare fish to reduce their potential exposure to harmful contaminants because of training by our Site Assessment Program.

Every year, the health and safety of each person living in or passing through Washington is improved and safeguarded by the productive and safe uses of radiation that our Office of Radiation Protection regulates and monitors.

Authorizing Environment

Under the statutory authority of the State Board of Health, the Division of Environmental Health implements or works with local health jurisdictions to implement:
Retail Food Safety (RCW 43.20, 69.06; WAC 246-215, 246-217)
Shellfish Safety (RCW 43.20, 69.30; WAC 246-280, 246-282)
Water Recreation Facilities (RCW 70.90; WAC 246-260, 246-262)
Onsite Sewage Systems (RCW 43.20, 70.118; WAC 246-270 through 246-273)
Public Water Systems (RCW 43.20, 70.116, 70.119, 70.119A, 70.142; WAC 246-290 through 246-296)
Clandestine Drug Lab Decontamination (RCW 64.44; WAC 246-205)
General Sanitation (RCW 43.20; WAC 246-203)
Vector Control (RCW 43.20; WAC 246-100-191 through 246-100-201)
Primary and Secondary Schools (RCW 43.20; WAC 246-366)

Under the Department of Health's statutory authority, the Division of Environmental Health implements:
Mercury Education (RCW 70.95M.030)
Pesticide Illness Tracking (RCW 70.104)
Radiation Protection (RCW 43.70, 70.98; WAC 246-220 through 246-224)
X-Ray Equipment (RCW 43.70; WAC 246-225 through 246-228)
Radioactive Material (RCW 43.70, 70.98; WAC 246-231 through 246-246)
Radioactive Air Emissions (RCW 43.70, 70.94, 70.98; WAC 246-247)
Radioactive Waste (RCW 43.70, 70.98; WAC 246-249, 246-250
Uranium and Thorium Milling (RCW 43.70, 70.98; WAC 246-252)

Critical Partners

- National Shellfish Sanitation Conference
- Conference for Food Protection
- Forum on State and Tribal Toxic Actions
- Water Supply Advisory Committee
- National Alliance for Drug Endangered Children
- Organization for Agreement States (Radiation)
- Association of Food and Drug Officials
- Conference of Radiation Control Program Directors

The Epidemiology, Health Statistics and Public Health Laboratories Division is a community health partner using innovative methods to provide quality health information, vital records and assessment services for taking public health actions, developing public health policy and conducting assessment activities to improve the health of the people of Washington.

Epidemiology, Health Statistics and Public Health Laboratories

The Epidemiology, Health Statistics and Public Health Laboratories Division (EHSPHL) consists of three major offices: the Office of Epidemiology, which includes both a Non-Infectious Conditions Epidemiology (NICE) Program and Communicable Diseases Epidemiology (CDE) Program; the Center for Health Statistics (CHS); and the Public Health Laboratories (PHL).

Critical Issues

Emergency Preparedness: Terrorism threats have brought many new responsibilities and challenges to the division. Our ability to meet the evolving challenges is dependent on maintaining working relationships with our partners, adequate funding and our ability to hire qualified staff.

The global environment allows the rapid spread of diseases such as SARS and influenza and requires us to maintain our ability to detect disease and respond rapidly. We need to be prepared for new and re-emerging diseases such as West Nile Virus and TB as well as the possibility of a pandemic influenza.

Greatest Challenges

Information Systems: The development of many Web-based information systems requires considerable resources for effective oversight, development and maintenance costs.

Technology: Maintaining state-of-the-art technology for diagnostic testing in the PHL and preparing for Level 3 laboratory certification will require considerable attention in the next few years.

Geographical Division: PHL and CDE staff are located in Shoreline; the rest of the division is located in Tumwater.

Electronic Death Registration System: Implementing this new system has been significantly impacted by physician reluctance to obtain the digital certificates required to use the system.

Model Programs

Web-Based Birth Certificate System: Washington was the first state in the nation to implement a Web-based system to collect birth certificate information based on the new U.S. standard.

Emergency Preparedness: We have multi-state (WA, OR, ID, AK) collaboration for surge capacity and public health response for PHL.

Communicable Disease Management: Several new electronic reporting and disease management systems have been implemented over the last year. This has increased our capacity to identify and manage the conditions that require reporting to local and state public health agencies.

Quick Facts

- *Washington has conducted surveillance on selected notifiable*
- *Division has a 24/7 emergency response system in place*
- *4,430 people per month receive a vital records certificate*

Return on Investment

We have the analytical capability for monitoring human exposure to many toxic materials resulting from environmental contamination, industrial activities or chemical accidents and provide the results to health providers for medical treatment purposes.

In the first year of testing, there was potential overexposure to organophosphate or carbamate pesticides identified for 20 percent of the more than 600 pesticide handlers tested periodically over the year.

1,587 new fathers a month acknowledge their newborns and have their name added to the birth certificate through the paternity affidavit program.

The development of real-time PCR testing for B. pertussis reduced the turnaround time on test results from 3-10 days to 5 hours.

Washington residents are protected through the detection, prevention and control of 51 infectious disease agents, including those with potential for use in a bioterrorism event.

Specialized laboratory sections are able to deal with emerging infectious diseases such as drug resistant tuberculosis, West Nile Virus, SARS and any organism used in a bioterrorist event.

80 – 100 infants each year are spared permanent disability, mental retardation or death, and millions of health care dollars are saved as a direct result of newborn screening. Screening for cystic fibrosis was added in 2006.

Authorizing Environment

Under the statutory authority of the State Board of Health and/or the Department of Health, The EHSPL Division implements:

WAC 246-100 Communicable and other certain diseases–definitions
WAC 246-101 Notifiable Conditions
WAC 246-110 Contagious Diseases – School Districts and Day Care Centers
WAC 246-451 Hospitals—Assessments and related reports
WAC 246-453 Hospital Charity Care
WAC 246-454 Hospitals—Systems of accounting, financial reporting, budgeting, cost allocation
WAC 246-455 Hospital patient discharge information reporting
WAC 246-490 Vital Statistics
WAC 246-491 Vital Statistics Certificates
WAC 246-650 Newborn Screening

Critical Partners

- Local health jurisdictions
- Washington State Hospital Association
- Federal agencies
- State agencies
- Local police, fire & city agencies
- Professional associations
- Educational institutions
- Medical professionals

The Department of Health works to protect and improve the health of people in Washington state.

Health Systems Quality Assurance

The Health Systems Quality Assurance Division (HSQA) assures that people and businesses delivering health care to Washington citizens provide safe health services. The division regulates the emergency medical services and trauma system, health care professions, facilities and services, medical laboratories, state institutions and residential treatment facilities. It also assists rural communities in addressing health care access issues.

Critical Issues

Medical Malpractice: There has been an attempt to link medical malpractice with licensing discipline. While they do share commonalities, many of the linkages made do not recognize the statutory complexity of the licensing and discipline system nor the access issues faced by much of the state.

Dedicated Fees for Health Professions: All 57 professions are statutorily required to be self-supporting. This creates a wide variance in license fees and in our ability to protect the public. There have been recent attempts by providers to obtain and spend licensing fees on special interests.

Drug Importation: The Board of Pharmacy has always required any pharmacy, wholesaler or manufacturer providing medication in Washington to be licensed and adhere to state and federal laws. The desire to import drugs from Canada and other foreign sources has generated many questions and competing legal interpretations.

Greatest Challenges

Relationship with Boards and Commissions: While the agency retains some legal authority for fee setting and administrative support for the regulation of health professions, 16 boards and commissions have independent decision-making for licensing standards and disciplinary actions.

Trauma Care Fund: DOH and DSHS's partnership in the management of a trauma care fund established to offset costs of the statewide trauma system is challenging due to stakeholder concerns about lack of funding.

Certificate of Need evaluates requests to establish or modify health care facilities. Government control of access to the medical market is controversial. The state's policies in that area are under a legislatively directed Task Force review.

Health Facility Construction Review partners with local fire and building officials to assure that health facility construction projects comply with safety standards. Collaboration and timeliness are frequent issues.

Model Programs

Increasing Access: We work with rural partners and providers to improve primary health care availability to medically underserved populations in rural and urban underserved areas.

Provider Credential Search: An on-line provider search program provides real-time information about licensed health care professionals.

Trauma Quality Improvement: Trauma services collect clinical data on trauma patients. The data are used by trauma QI programs.

Public Records Access: A centralized disclosure center has increased efficiency, timeliness and accuracy in the release of public documents.

Customer Service Center: A centralized customer call center for health professions information has improved the quality of information provided to consumers and reduced customer wait times.

Quick Facts

· 271,000 credentialed health care providers
· 57 health professions regulated
· 7,000 health care provider complaints per year
· 96 hospitals licensed
· 3,500 facilities licensed/certified active
· 26 types of health facilities and accommodations licensed/certified
· 16,439 certified EMS providers
· 84 Acute Trauma Services designated
· 500 verified ambulance/aid services
· 39 Critical Access Hospitals
· 7,000 public disclosure requests completed per year
· 4.3 million Web inquiries regarding

Health Systems Quality Assurance

Return on Investment

Safety assured through surveys of more than 3,500 facilities.

Public is protected from unsafe health care practitioners through approximately 1,000 disciplinary orders issued and 100 health facility surveys conducted annually.

Trauma Registry outcome data shows that there were 159 more survivors of major trauma in 2004 than would have been expected in 1995.

From Fiscal Year 2004 through the first half of Fiscal Year 2006, 356 new health care providers have been added to the work force in rural and underserved areas.

More than 50 million federal dollars per year disbursed to rural and underserved communities designated as health professional shortage areas.

A centralized customer call center for health professions information has improved the quality of information provided to consumers, reduced customer wait times and reduced interruptions, allowing program staff to focus on core functions.

Work with the Department of Corrections focuses on ensuring safe, appropriate care and appropriate living conditions for the prison populations.

Authorizing Environment

Chapter 18 RCW, UDA 18.130 – Health Professions
RCW 69.41 – Legend Drug Act
RCW 69.50 – Uniform Controlled Substances Act
RCW 43.70.334-400 – Temporary Worker Housing
RCW 43.70.460-470 – Retired Primary Care Provider Liability Malpractice Insurance
RCW 70.127 – Home Care Services
RCW 70.41 – Hospitals
RCW 70.38 – Certificate of Need
RCW 71.12 – Acute and Residential Mental Health Facilities
RCW 70.42 – Medical Test Sites
RCW 70.62 – Transient Accommodations
RCW 70.168 – EMS & Trauma System
RCW 18.76 – Poison Control
RCW 18.73 – Ambulance & Aid Services
RCW 28B.115 – Health Professional Loan Repayment Program
RCW 70.175.010 – 70.175.910 – Rural Health System Project
RCW 70.180 – Rural Health Care
RCW 70.185 – Rural and Underserved Areas

Critical Partners

- Health Profession Associations (e.g. Medical Association)
- Facilities and Facility Associations (e.g. Hospital Association)
- Local & County Officials (e.g. Building Officials, Fire Chief's Association)
- EMS Agencies
- Designated Trauma Centers
- Counsel of Firefighters
- Regulatory Health Care Boards & Commissions
- EMS & Trauma Local & Regional Councils
- Rural and Underserved Communities

I. State Board of Health

The State Board of Health serves the citizens of Washington by working to understand and prevent disease across the entire population. Established in 1889 by the State Constitution, the Board provides leadership by suggesting public health policies and actions, by regulating certain activities, and by providing a public forum. The governor appoints ten members who fill three-year terms. The secretary of health serves on the board of health.

The Board regulates our state's public health efforts in immunization, safe drinking water, sewage disposal, control of infectious and non-infectious diseases, and assuring safe and healthful conditions in our environment with special emphasis on schools, eating establishments, and recreation sites. Its rules govern many operations within local health jurisdictions and certain practices among private health care providers, health facilities, schools, day care centers, and some businesses, such as restaurants and hotels.

Statutory Authority
RCW 43.20.050 (see RCW for complete text)

“Powers and duties of state board of health -- State public health report -- Delegation of authority -- Enforcement of rules.

(1) The state board of health shall provide a forum for the development of public health policy in Washington state. It is authorized to recommend to the secretary means for obtaining appropriate citizen and professional involvement in all public health policy formulation and other matters related to the powers and duties of the department. It is further empowered to hold hearings and explore ways to improve the health status of the citizenry…”

CDC's Health Protection Goals

CDC is committed to achieving true improvements in people's health. To do this, the agency is defining specific health impact goals to prioritize and focus its work and investments and to measure progress.

Healthy People in Every Stage of Life

All people, and especially those at greater risk of health disparities, will achieve their optimal lifespan with the best possible quality of health in every stage of life.

- **Start Strong**: Increase the number of infants and toddlers that have a strong start for healthy and safe lives. (Infants and Toddlers, ages 0-3 years).
- **Grow Safe and Strong**: Increase the number of children who grow up healthy, safe, and ready to learn. (Children, ages 4-11 years).
- **Achieve Healthy Independence**: Increase the number of adolescents who are prepared to be healthy, safe, independent, and productive members of society. (Adolescents, ages 12-19 years).
- **Live a Healthy, Productive, and Satisfying Life**: Increase the number of adults who are healthy and able to participate fully in life activities and enter their later years with optimum health. (Adults, ages 20-64 years).
- **Live Better, Longer**: Increase the number of older adults who live longer, high-quality, productive, and independent lives. (Older Adults, ages 65 and over).

Healthy People in Healthy Places

The places where people live, work, learn, and play will protect and promote their health and safety, especially those at greater risk of health disparities.

- **Healthy Communities**: Increase the number of communities that protect, and promote health and safety and prevent illness and injury in all their members.
- **Healthy Homes**: Protect and promote health through safe and healthy home environments.
- **Healthy Schools**: Increase the number of schools that protect and promote the health, safety and development of all students, and protect and promote the health and safety of all staff. (e.g. – healthy food vending, physical activity programs).

- **Healthy Workplaces**: Promote and protect the health and safety of people who work by preventing workplace-related fatalities, illnesses, injuries, and personal health risks.

- **Healthy Healthcare Settings**: Increase the number of healthcare settings that provide safe, effective, and satisfying patient care.

- **Healthy Institutions**: Increase the number of institutions that provide safe, healthy, and equitable environments for their residents, clients or inmates.

- **Healthy Travel and Recreation**: Ensure that environments enhance health and prevent illness and injury during travel and recreation.

People Prepared for Emerging Health Threats

People in all communities will be protected from infectious, occupational, environmental, and terrorist threats.

Preparedness goals will be developed to address scenarios that include natural and intentional threats. The first round of these will include influenza, anthrax, plague, emerging infections, toxic chemical exposure, and radiation exposure.

- **Prevention:** Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats.

- **Detection and Reporting:** Decrease the time needed to classify health events as terrorism or naturally occurring in partnership with other agencies.

  Decrease the time needed to detect and report chemical, biological, radiological agents in tissue, food or environmental samples that cause threats to the public's health.

  Improve the timeliness and accuracy of communications regarding threats to the public's health.

- **Investigation:** Decrease the time to identify causes, risk factors, and appropriate interventions for those affected by threats to the public's health.

- **Control:** Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.

- **Recover:** Decrease the time needed to restore health services and environmental safety to pre-event levels.

  Improve the long-term follow-up provided to those affected by threats to the public's health.

- **Improve:** Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.

Healthy People in a Healthy World

People around the world will live safer, healthier and longer lives through health promotion, health protection, and health diplomacy.

- **Health Promotion**: Global health will improve by sharing knowledge, tools and other resources with people and partners around the world.
- **Health Protection**: Americans at home and abroad will be protected from health threats through a transnational prevention, detection and response network.
- **Health Diplomacy**: CDC and the United States Government will be a trusted and effective resource for health development and health protection around the globe.